ACROMEGALY

A PERSONAL EXPERIENCE

LEONARD MARK


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ACROMEGALY

A PERSONAL EXPERIENCE

BY

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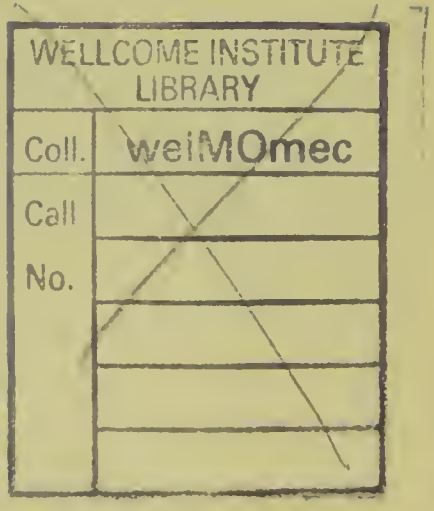


LONDON
BAILLIÈRE, TINDALL AND COX
8, HENRIETTA STREET, COVENT GARDEN
1912

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PREFACE

When Fate, shaping my 'ends,' decreed that I was to suffer from the malady Acromegaly (ἄκρα = ends, μεγάλα = big), she perhaps gave me the greatest compensation possible by causing me to enter the medical profession. After the distress caused by the one and the enjoyment due to the other—both extending over more than a quarter of a century—I find myself in the unique position of being able to relate a personal experience of this rare complaint as it affected one with some medical knowledge.

It is almost a duty, and it is certainly a pleasure, to lay my experiences before my colleagues for the benefit of other sufferers. My pleasure in doing so is enhanced by the fact that I am enabled to record some of the great kindnesses that I have received from numerous professional friends, who with their skill and sympathy have made my path in life smoother and my burdens lighter.

It is in gratitude to them that I have endeavoured to write this medical history, to which scientific value

will be added by some of their notes and letters which I am able to publish.

To Dr. Leonard Guthrie and Dr. G. de B. Turtle I am also desirous of expressing my best thanks for the valuable assistance they have given me in passing the work through the press.

L. M.

49, Oxford Terrace, W.

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A PERSONAL EXPERIENCE OF ACROMEGALY

CHAPTER I

INTRODUCTORY

'Præcipue sanus nisi quum pituita molesta est.'

HORACE.

THERE is no pretension in the following pages to present a scientific treatise on acromegaly. The desire of the writer is to record some of the feelings, the thoughts, and the mode of life of one who is afflicted with this disease, and to describe it from his own personal point of view.

It is well known how fallacious the accounts given by a patient of his own symptoms may be, how difficult it is, especially when pain looms largely in his mental horizon, to keep an unbiassed mind. No wonder, then, that a sufferer from a disease like acromegaly, affecting so many parts of the body, and presenting such varieties in its manifestations, should suspect it as the cause of all his troubles,

from the seborrhœa on his scalp to the trophic changes in his toes.

I shall not be surprised if I am accused of ascribing to acromegaly symptoms which others will say have nothing to do with it, and if some of my statements, according to the different mood I may have been in when they were written, or the varied periods of the disease to which they refer, may appear to contain contradictions.

At one time the acromegalic may be overcome by the most intense feeling of fatigue, to my mind one of the worst symptoms of all, and he may feel as pitiable as Samson after he was shaven and the strength went from him, when he was made to grind in the prison-house. At another time the racking pains in his head may almost drive him to despair, and make him pray for the fortitude of Job. Again, after a prolonged rest, or perhaps just when a nerve-storm has cleared off, the sense of relief may be so great that, for a while, oblivious of his weak muscles, he will appear to be a different individual altogether, ready to undertake anything, as if he

> '. . . felt the thews of Anakim,
> The pulses of a Titan's heart.'

I want to describe the very insidious commencement of the disease, the various symptoms which have cropped up and affected me during a period of

about thirty years, while the numerous changes in my bodily frame have been steadily taking place and my ignorance for so long of the cause of my troubles. To me, this last fact seems strangest of all, and I look back and wonder how it was that I did not make the discovery sooner.

We often pray for 'the gift to see ourselves as others see us.' A vain prayer, methinks, when we realize how blind we should still be if it were granted.

For some fifteen or twenty years, each day when I looked into the glass to brush my hair or to shave, there was a typical acromegalic literally staring me in the face. Yet I never recognized the fact.

One might say it was a case of a 'Secret de Polichinelle.' Many of my friends, medical and non-medical, knew quite well that I was suffering from this peculiar and rare malady; they spoke about it amongst themselves, some of them even thought I knew it, but none of them broached the subject to me. The strange thing was that, in my case, the only one not in the secret was poor Polichinelle himself, with his heavy jowl, his pot belly, his big hands and feet. It is a remarkable example of how what is obvious may be overlooked.

In writing this account I have fortunately been able to make use of my diary, which I commenced at the early age of fourteen, and, with short intermissions, have kept ever since. It has been a

material help, as it enables me to fix the exact time when certain symptoms, which at first could not be accounted for, made their appearance, there being no suspicion of acromegaly, but which now, when I look back, seem quite enough to prove what a long time the disease has had hold of me.

I have also been able to give definite dates for the various phases through which I have passed, and to observe the sequence of the various troubles connected with my ears, eyes, nose, heart, legs, etc.

It has helped me to understand what is of great interest to me—viz., how the disease has influenced my life, how at certain times, without my knowledge, it must have been the prime motive which impelled me to take some particular course of action—'a god stronger than me, that came to lord it over me.'

Although, in the following chapters, I deal with each symptom separately, describing how it has affected me, and recording occasions when it may have been a determining factor in my career, yet it is important for the reader to understand how these symptoms are interwoven and intimately associated one with another ; how at times they seem to react upon each other, and how at other times they affect me simultaneously.

In somewhat like manner all the parts for the instruments of an orchestra are written separately

for the various musicians who play together in one symphony. But the page of music under the conductor's eyes contains all these various parts in their relative places. It is such a score which I should have wished to place before the reader, so that he might understand how the whole gamut of headache, faceache, lethargy, asthenopia, etc., are interwoven in acromegaly. This would give him a clearer idea of the long trilogy that I have had to listen to, led by the relentless baton of a little demon, which in my dreams I seem to see astride of my *sella turcica*, turning my cranium into a temple of discords.

CHAPTER II

PERSONAL HISTORY

Birth—Childhood (spent in France)—Athleticism: mountain-climbing, running, fencing—Big head and rapid growth at fourteen or fifteen years—Table of family history.

TRISTRAM SHANDY begins the account of his life with the winding up of the family clock one Sunday night, some nine months before he drew his first breath. I shall not go so far back in the account of mine. I will begin with a Sunday morning (February 4, 1855), after a heavy fall of snow, on one of the coldest days of one of the coldest winters recorded in London, when the nation was in the highest state of agitation caused by the Crimean War. It was on such a morn, no doubt, after much difficulty and delay, that—presenting my breech first, breathless, apparently stillborn—I entered on 'this great stage of fools.'

No one could have thought then that this infant, with his funnily-shaped head, would, when grown up, have the shape of his head and face distorted again, and that during the last scenes in which he

took part, would have to don some of the make-up of Punchinello.

I sometimes wonder whether my having come into the world 'the unusual way'—that is, my birth having been by breech presentation—can have anything to do with my now being an acromegalic. I have met with no record of any similar coincidence being observed.

It was in 1894, when I was laid up after an operation for piles, and when I took the anæsthetic very badly, nearly coming to grief, that my dear mother, who had been much distressed and alarmed about me, for the first time let me into the secret that I had been born 'the wrong way,' and that I was apparently stillborn, and only began to breathe after a long interval of time. She had always thought this must have had an influence on my health, and she asked me if I did not think it must be the cause of all my troubles. I laughed at the idea at the moment. That was when I was thirty-nine years old, and when I had not the faintest suspicion that there was anything the matter with me. However, during the last few years I have been considering whether, if at birth, the base of my skull was subjected to an abnormal amount of mechanical pressure, the *sella turcica* and the pituitary body may not have been squeezed, damaged, or more likely to suffer injury than in a case of ordinary vertex presentation.

No doubt my poor mother had been influenced by the popular prejudice that a child born 'the wrong way' is sure to be unlucky. This was amongst those things which she had kept and pondered in her heart, only revealing it to me at the end of thirty-nine years.

This prejudice dates back to the time of the ancient Romans, who were so sure such children would meet with ill luck if allowed to live, that it was a common thing to strangle them at once. The name of Agrippa was given to them.

Personal History.

My early life was spent in the Sunny South, on the shores of the Mediterranean. I went to Marseilles at the age of three, and lived there for seventeen years, being educated at the Lycée.

Cricket and football were then unknown in French schools, so I grew up without going through any training in the ordinary athletics, except riding and swimming, but even in my childhood I had a good dealing of mountain-climbing. I was much encouraged in this by my father, an old Rugbeian, proud of having been at the school in the time of Arnold, and who, seeing his three sons deprived of the education gained in the cricket field, thought mountain-climbing the best substitute.

We had many opportunities for this during our

summer holidays, which we spent in the country, and many and most varied were the excursions we took all over Provence, often of several days' duration, having at times to display a good deal of endurance, and acquiring great self-reliance, sometimes walking as many as thirty miles in a day.

We had also grand opportunities for studying the great book of Nature, the best one for a liberal education.

As we grew up we developed in an unusual degree suppleness, nimbleness, the power of resisting fatigue, and we became remarkably sure-footed.

When I was eighteen years old I took up fencing very keenly, and being light in weight and tall, with the advantage of a long reach, I became fairly expert.

On the whole, comparing myself to the young Frenchmen that I mixed with, I was certainly above the average in physical strength and hardiness, and was looked upon as 'un jeune Anglais très fort.'

My physical powers were at their maximum, I think, when, one day, at the age of nineteen, without any training, I ran the whole length of the Prado—the great avenue, 3 kilometres 800 metres long,* leading out of the town to a park near the seashore—in fourteen minutes. I did this again on several occasions, and some six or seven of my friends tried it also, but only one of them succeeded.

* Two miles 236 yards.

After this, I was quite a hero at Marseilles, until my brother F. knocked the wind out of my sails by another feat. This was when, one fine day, he swam from the shore right out to the island of the Château d'If, two and a half miles, thus imitating the wonderful performance of Monte Cristo when he escaped from his prison on that island, as described by Alexandre Dumas in his famous novel.

When I left the Lycée at eighteen, my prospects were very indefinite, and I became a clerk in my father's office, which was Her Majesty's Consulate. Here I worked at a desk, or, I may now confess, I wasted my time for two years.

And, as this is a chapter of confessions, there is still one to be added. Brought up as I was in the land where the tamaris and olive-tree flourish, within sight of the deep azure waves of the Mediterranean, once the home of the troubadours, in my early days the home of Frédéric Mistral, who had just given to the world his poem of 'Miréio,' it was little wonder if I was influenced by my surroundings, and if I lost my heart to 'uno chato di Prouvençó.'

At the age of twenty I came to London to study medicine. It was quite a new life for me, and for a long while I went on sighing my soul towards the southern shores.

Big Head and Rapid Growth in Boyhood.

I always remember having an unusually large head, and being chaffed about it when a boy. When I was aged about ten or twelve, I required hats of the same size as those worn by my two brothers, who were respectively three and four years older than myself. Some of my photographs taken in those early days seem to show that I had rather a large head.

I grew very fast when I was about fourteen or fifteen—in one year as much as 10 centimetres—and caught up and eventually overtopped my two brothers, much to my delight, as I could then always have my own new clothes, instead of at times having to wear some which my brothers had outgrown, and which were passed on to me.

After this I was always looked upon as a tall boy, but nothing much was thought of it, as most of the boys I used then to mix with were French, southerners, and generally small in build. Besides, I was always supposed to take after my mother's side of the family, and she had tall brothers.

As a child I was the only one out of five in the family who used sometimes to have headaches. They were looked upon as bilious attacks, and kept me away from school for two or three days.

They ceased when I was about fifteen, and

after this I was in very good health for some ten years.

When I was a boy I had a trick of twitching my eyelids and screwing up the left side of my face, a nervous trick of which my father tried very hard to correct me.

Illnesses during childhood : scarlet fever at four or five ; whooping-cough at six ; measles at fourteen ; mumps, with orchitis, at sixteen.

TABLE OF FAMILY HISTORY.

Grandparents.	Parents, Uncles and Aunts.	Age and Cause of Death.	First Cousins.	
Paternal grandfather, died aged 66	Uncle	61 Typhoid fever	Six sons One daughter (died from tumour of ovary)*	
	Aunt	66 Cancer of uterus *		Brother : died, aged 29, from yellow fever ; at the age of 23 had enchondroma removed from thumb.*
	Aunt	80 Bronchitis		
	My father	79 Paralysis agitans ;* neuroma of left popliteal nerve		
	Aunt	61 Bronchitis and heart disease	Two sons Two daughters : one died of diphtheria at the age of 16	
Paternal grandmother, died aged 70	Aunt	70 Bronchitis	Four sons Three daughters : one has had tumour of the breast *	Brother.
	Aunt	79 Bronchitis		
	Uncle	55 Bronchitis	One son Three daughters : one has had tumour of the breast *	Myself : lipoma in loin.*
	Uncle	28 Cholera	One son, died of diabetes at the age of 28	
	Aunt	32 Childbed	One son	
	Aunt	69 Phlebitis	Two daughters : one has had tumour of the breast *	Sister.
Maternal grandfather, died, aged 71, of cancer of the throat *	Uncle	49 ?	Two sons One daughter	
	My mother	75 Cerebral apoplexy		
	Aunt	60 Asthma and bronchitis	Five sons One daughter	Sister : died, aged 42, of cancer of bowel.*
Maternal grandmother, died aged 60	Aunt	76 Cancer of bowel*		
	Uncle	48 ?		

NOTE.—The above table contains *sixty* individuals. To my knowledge *eleven* out of them have suffered from tumours (marked *).

CHAPTER III

SYNOPSIS OF THE CASE,

WITH THE AGES AT WHICH THE ADVENT OF SOME OF THE SYMPTOMS WAS NOTICED AND THE PERIODS WHEN THEY WERE MOST TROUBLESOME

Age 24.—*Queer feelings* and sounds in *left ear* coming on during the mornings while on a summer holiday. Supposed to be due to catarrh of the Eustachian tube of gouty origin.

Age 25.—*Eyes* beginning to be affected. Frequent *photophobia.* Dazzled when out in a bright sunshine. Comments made by friends about my 'weak eyes.'

Age 26, 27.—*Drowsiness* or *sleepiness*, becoming an inconvenience, and causing remarks from friends.

Age 28.—*General health* influenced. Frequent *queer feelings* in the head, noticed especially during a sea voyage, when they seemed to be aggravated by the vibration of the ship's engines. First *queer feverish attacks.*

Age 29. — The queer feelings becoming more constant and occurring at different times of the day were attributed to 'gout,' 'liver,' 'hay fever.'

Age 29, 30.—While in practice in the country experienced great misery and inability to resist the cold and exposure when out driving during the winter. Head trouble became worse, and catarrh of Eustachian tube reappeared.

Age 31, 32, 33.—*Post-nasal catarrh* gradually became a predominant symptom, and was supposed to be the cause of the discomfort and of the *neuralgia* generally coming on at five or six in the afternoon.

Age 33, 34.—Constant *cold in the head*, aggravated by slightest exposure to a draught, especially if on the *left* side. Abundant *rhinorrhœa*.

Age 34, 35.—*Indigestion* became troublesome, owing to impediments to mastication produced by the gradual growth and *advancement of the lower jaw*, preventing the 'bite' of the teeth. General health lowered. Depression of spirits.

Age 35.—Attack of *influenza*, followed by great debility and several relapses (?) or 'queer feverish attacks.' With the object of getting more fresh air and exercise (it being the period when I was most affected with *restlessness*), I took to cycling. Frequent unaccountable difficulty in balancing myself. *Extraordinary sense of fatigue*, often noticed during a summer holiday in the Tyrol, and sometimes inordinate *craving for food* (bulimia?).

Age 36.—Discomfort in head almost constant,

even at night. Period of 'insomnia.' *Electro-cautery* applied several times to the *turbinate bones*.

Age 37.—First sign of *heart-failure* when ascending mountain in Wales.

Tooth trouble a new symptom. Extraction of a left upper bicuspid, thickly coated with secondary dentine, supposed at the time to be causing the neuralgia. No relief followed.

Whilst I was taking gas at the dentist's, attention was drawn to the peculiar advancement of my lower jaw, and *acromegaly was diagnosed* by my medical friends.

I began *wearing a denture* to help mastication.

Age 38.—Eyes tested, and *astigmatism* being discovered in both eyes, I now concluded that this must be the cause of all the head trouble. Began wearing glasses.

In the autumn the neuralgia, asthenopia, and nasal catarrh, all became worse together, and there seemed to be a *climax* in the disease, when I passed through '*my black week*.' Since then I have observed alteration in general character of symptoms.

Age 39.—During an operation for piles nearly died under the anæsthetic. *Tongue* already much *enlarged*. Heart probably already hypertrophied.

Age 39, 40, 41.—*Asthenopia* most troublesome. No relief in spite of astigmatism being now cor-

rected with proper lenses. Frequent extraordinary *fatigue* not a sequel to any exertion.

Queer feelings in head more persistent, and developing into '*the acromegalic state.*' Several queer feverish attacks.

Age 42.—*Nasal trouble* severe. *Turbinotomy* performed on left side. The *eye* trouble and the *nose* trouble seemed to 'react' on each other.

Age 43.—*Turbinotomy* performed on right side. Great relief followed.

Age 44.—Physical collapse, and seven weeks' illness after passing the M.D., Durham. Debility. Cough. Prolapse of mucous membrane of rectum.

Age 45.—My brother, on his return from abroad, was struck by the *alteration in my physique*, and discovered that I had *acromegaly*. Size of head had increased. Shoulders and back much broader.

During a trip to Switzerland frequently overcome by the *lethargic state*, and one day by a queer *loss of power in legs, and dizziness.*

Age 45, 46, 47.—Increase in size of feet, and circumference of head observed, but unaccounted for by myself.

The *acromegalic state* getting worse and more constant. Being unable to play tennis any longer, went back to croquet.

Age 47.—Still convinced that there was nothing the matter with me, I went mountaineering in

Switzerland in the summer. During a six days' excursion round Mont Blanc and over the Grand St. Bernard (mostly on foot), had great struggle with frequent *desire to sleep.* Discomfort in high altitudes. Quite knocked up after a three weeks' holiday. Queer feverish attack with *ophthalmia* on way home.

Age 48.—The *astigmatism* disappeared from *right* eye after fifteen years, during which many alterations had been observed in its axis. Changes in left eye. Less asthenopia.

Age 49.—During French medical visit to London I was 'spotted' in a crowd by Dr. Pierre Marie *as a typical acromegalic.* I took up fencing again after twenty-five years with the idea of keeping off the stiffness of apparent premature senility.

Age 50.—The knowledge that I was affected with *acromegaly* suddenly dawned upon me. This seemed to account for my various troubles during twenty-five years. *Post tenebras lux!*

Age 51.—Consulted Dr. Pierre Marie in Paris. Feverish attack lasting ten days.

Age 52.—*Irregular heart's action* first observed. *Trophic sores* appeared under toes and lasted all the winter.

Age 53.—Muscular weakness increasing. Attack of *phlebitis* in right femoral vein. Irregular heart and dyspnœa. Sores on toes worse. Headache less.

CHAPTER IV

EARLIEST SYMPTOMS

Catarrh of Eustachian tube—Queer feeling of *malaise*, called 'my fever'—How I thought this must be due to *gout*, later on to *hay fever*.

I AM sure that I began to suffer from acromegaly when I was twenty-four years old, and that some queer feelings I had in my left ear at that time must have been the first symptoms of it.

This was in 1879, about seven years before Dr. Pierre Marie recognized the disease and gave it a name. I was spending the month of September in the South of France, at a country house, which my people had taken for the summer some few miles from the sea, at Fontainieu, celebrated as the home of the poet Barthélemy. Early in the morning I used to sit at my breakfast on the *perron* in front of the house, in the shade of a fine avenue of chestnut-trees, while my sister J. was practising on the piano in the sitting-room. The window used to be wide open, and was some few feet behind me. For several mornings I was very much perplexed

by noticing that some of the sounds of the piano did not seem clear. The notes appeared to be double, and gave me the idea that they might be coming through a metal tube. I had at the same time a slight feeling that my left ear was stuffed up with some foreign body. This strange feeling only bothered me during the early part of the morning, and was always very slight—in fact, most often it could be relieved by a few applications of the little finger-tip, accompanied by a vibratory movement.

I was at the time in the very best health. It is true that I had been working very hard all the early part of the year, and had passed my M.R.C.S. on July 31. I was in the state of excitement following the acquisition of a diploma; besides, I was enjoying the treat of finding myself once again amongst my old haunts in the Sunny South.

On my return to London in October, when I started reading for the L.R.C.P., I found that my ear troubled me again, so I went to consult Mr. Cumberbatch. He told me that there was some catarrh of the left Eustachian tube, and that this was due to the relaxed condition of the mucous membrane of the pharynx, which, no doubt, was of gouty origin. He recommended an alum gargle. After a few weeks the trouble ceased.

I do not find any record in my diaries which recalls any more ear trouble until 1885, six years later.

During the next two or three years, when I was holding resident appointments in different hospitals, I experienced various slight symptoms which I am now inclined to think were also connected with the earliest stage of acromegaly, but which at the time I tried to account for in every possible way but the right one.

First of all was a peculiar feeling in the head, which used to come on occasionally, hardly bad enough to call a headache.

Also a strange condition of 'malaise,' which I gradually got into the way of calling 'my fever,' on account of a sort of periodicity in its attacks, the regularity of which I never could make out.

Looking back now, I think this must have been the precursor of what eventually has become *the acromegalic state*, which of late years has been my great enemy.

I had been for six months house physician at the York Road Lying-in Hospital, where I had found the work rather trying, especially when I was frequently called up several times in the same night. I was glad of a good rest when my time was up in April, 1883, and when I had an opportunity of going a voyage to Australia during the summer.

I enjoyed my journey very much, but on the way home I was constantly worried by feeling the vibration of the screw of the ship. It seemed bad enough

at times to give me a headache, and often prevented me reading my book when sitting on the deck. I could not help wondering why it should make my head feel so uncomfortable and at times so strange.

When I got back to London in August, I spent five weeks looking after the practice of a friend, and I noticed then that nearly every day, at some time or other, a most queer feeling would come over me, sometimes lasting half an hour or an hour.

I would feel quite cold, unable to fix my attention properly on anything, and rather giddy; and my eyes would become red and suffused with tears.

There seemed to be no actual periodicity in these attacks, although I was on the lookout, as Dr. G., whose work I was taking charge of, and with whom I discussed the matter, became fully convinced that I was suffering from some tropical fever. He thought I had picked it up at Colombo, or perhaps have caught it from a tea-planter who was my neighbour at the dinner-table on the way home from Ceylon, and who all the time was suffering very much from fever. This was, of course, some years before the mosquito theory was started about malaria.

After I had been back in England for a month, although fully convinced that my health had been improved by my sea journey, I noticed that these queer attacks came on more frequently. I took my

temperature on many occasions, but never found any rise. All the same, I went on calling this 'my fever,' and the following are the references I find in my diary, which are enough to show there was no regularity or periodicity :

'1883. *September* 10, *Monday.*—Fever all 'the morning.
'*September* 13, *Thursday.*—Fever.
'*September* 14, *Friday.*—Fever at 11 p.m.
'*September* 15, *Saturday.*—Fever at 10 a.m., 'at 3 p.m., at 11 p.m.
'*September* 17, *Monday.*—After playing tennis 'at Blackheath had fever at 6 p.m.
'*September* 23, *Sunday.*—Fever at 3 p.m. 'and 10 p.m.
'*September* 25, *Tuesday.*—Fever at 11 a.m.'

This uncomfortable feeling in the head, generally in the morning, gradually became more constant during the following winter, when I was Resident Clinical Assistant at Bethlem Hospital. Then I got the notion that my trouble might be due to gout, and it was first of all started by C. T. Street, my fellow-resident, who, observing that I was certainly not at my best during the mornings, used to chaff me in a friendly way about it, and put the blame on the bottled stout, of which the steward every week supplied a fairly liberal allowance to the residents' quarters. However, when I left off drinking the stout for a week now and then, my queer feelings went on just the same, and I felt rather

like the old gentleman in 'Little Toddlekins,' who complained that his indigestion was brought on just as much by whatever he did eat as by whatever he did not eat.

I ceased at this time to talk about 'my fever.' Its place was taken by 'my gout.'

The following summer I became convinced that I was suffering from 'hay fever,' and that this must be connected with 'my gout.' I went for a trip to America in June, and during the ten days I was travelling about I was hardly ever comfortable. I could not bear the glare of the sun, which, of course, was very great in that month. My eyes used to become red and swollen, and I had a constant running from the nose, accompanied by a desire to sneeze.

No doubt it was a form of hay fever, and it came over me much in the same way for several summers running. I feared to expose myself to a very bright sunshine, and became abnormally sensitive to dust blowing about, or to the pollen in a grass-field, and, I might also add, smoky chimneys, and especially the smuts flying about the streets in the neighbourhood of a house with a chimney on fire.

A still more trying time which I went through was the following winter, which I spent at Dashbridge, taking charge of a very large practice during the illness of Dr. S. It was my first experience

of having to drive about all day, in all sorts of weathers, in an open dogcart, some days going as many as sixty miles. The winter was a severe one, and I suffered greatly from exposure to the cold. On several occasions I had a ringing in my left ear, with a return of the catarrh of the Eustachian tube, such as I had suffered from five years before, but this time accompanied by a dull aching on the left side of the head. I became more and more oppressed by this trouble in the head, which at times seemed to knock all the energy out of me, so much so that when, the following Easter, Dr. S. proposed to me that I should join him in practice at Dashbridge, I had not the courage to face it, and refused a first-rate offer straight away, preferring to take my chance of getting some practice in London rather than of settling in the country.

My throwing away such a good chance astonished my relations and friends at the time. They could not understand how I could do so, and I have since been told that my 'lack of enterprise' was then looked upon as so extraordinary that it was thought there must be something decidedly wrong about me, and it was put down to my not being in proper health.

Looking back now after twenty-five years, I think my good friends were right in their conjectures about me. I remember very well feeling

the impossibility of continuing the life I led that winter. I also felt that I should be still worse off when the summer came and I should have a lot of driving about the dusty roads, as I should not be able to bear the glare of the sun. Four or five years later, when my headache and eye-strain became very acute, no doubt I would have broken down entirely, and been obliged to give up the practice. I feel that I was irresistibly and unconsciously impelled to do the right thing.

> '1891. *July* 28.—I saw Mr. Cumberbatch 'about my left ear, having catarrh so fre-'quently.'

This year I had a delightful holiday, spending August and September travelling about the Tyrol and the Engadine with some patients, but I could not understand why on several occasions I did not feel in my proper health. I had one or two queer feverish attacks. I found that I could not remain very long in the sun without getting a headache or being giddy or dazzled, and also that after the long drives over some of the mountain-passes I was overpowered by fatigue, such as I had never before experienced. All the same I was able to get a good deal of enjoyment, as I was no doubt the greater part of the time in good health and spirits.

This same year I became more and more troubled about my health, never feeling quite well, and con-



Age 4.



Age 8.



Age 15.



Age 25.

To face page 26.

stantly being bothered with either faceache, colds in the head, sore eyes, or indigestion. I came to the conclusion that the part of London where I was living was too relaxing for me, because it was so near the river, and I determined to make a change of quarters, and to try my luck by settling in a different, and what I hoped would be for me a more suitable, and healthy part of London.

CHAPTER V

FACEACHE

To be distinguished from headache—Its persistency: always on the *left* side—Influenced by fatigue and cold—What it feels like—Its advent some seven years after onset of acromegaly.

FACEACHE, varying in degree, is my most persistent trouble. It is a feeling of discomfort in the left side of my face or head, purely local, and therefore to be distinguished from my headache, although the two have much in common, and may even affect me simultaneously. Without exaggeration, I can say that except when asleep I am rarely free for longer than half an hour from some unpleasant sensation in the left side of my head. Most often, fortunately, this is very slight, and is no more inconvenience than such as the wearing of a pair of tight boots might cause. It may come on just now and then, in slight waves, lasting a second or two, enough to remind me of its existence. At other times it becomes severe, and may even incapacitate me for half an hour or longer. It might then be dignified

with the name of 'neuralgia' or 'migraine.' This may happen three or four times in the same day.

It is always worse when I am tired, or after any physical exertion, and it invariably comes on when I am cold, or when my face is exposed to the wind or to a draught, and also when I am out in a bright sunshine.

The cold seems to be my worst enemy, so when I am out of doors, especially when I am driving, I am obliged very studiously to take all precautions to protect the left side of my face from the full blast of a cold wind, knowing too well that otherwise discomfort will follow, and that when I reach home I may be *hors de combat* for half an hour or more.

For many years past the direction of the wind has been a subject of great importance to me, and many a time have I been obliged to regulate my walks abroad so as to avoid going any distance facing the wind, especially in the early spring, the worst time in the year for me, when it is likely to be from the east.

The most marked peculiarity of my faceache is its constancy to the left side. This side is most keenly susceptible. The slightest current of air from an open door or window impinging upon it is sure to precipitate some unpleasant condition. I cannot too carefully avoid draughts on this side.

Many a time have I had to turn a deaf ear to protests of friends and relations upon a question of ventilation. Some of my friends think that this susceptibility results from my being over-careful, and that the remedy would be a more free exposure of my head and neck to the influence of draughts. This seems to me like advising the moth to expose its delicate wings as much as possible to the flame, hoping that the time will come when they will become hardened instead of singed. I often think if I only had the right and healthy side of my head to reckon with, how easily I could front the elements at their worst! The right side of my head and face is practically quite normal and unsusceptible, and it is only on the very rarest occasions, after some very prolonged exposure to cold, that I have been conscious of discomfort on both sides.

Darwin lays stress upon the difficulty which painters meet with when they wish to portray some of the passions, and he mentions some of the vague and fanciful expressions which poets use in their description of them.*

It is just as difficult to describe some of our sensations.

Imagination has to be called in to body forth this faceache, varying as it does in degree and quality.

* Darwin, 'Expression of Emotions,' ch. iii., p. 79.

The following are some of the shaping fantasies which at times come to my mind :

That the left side of my face is being squeezed in a vice.

That the left antrum of Highmore is tightly packed with some substance like cotton-wool.

That the teeth in the left upper jaw are too big for their sockets.

That the left eye is being pressed upon or pushed back into the socket.

That the left eye is shrivelling up, and has become too weak to continue its work, resenting having any more light turned on to it.

That the left half of my head has gone to sleep, and that life on that side is a blank.

That all the thickening and hypertrophy of the bones forming the base of the skull must be causing compression of the optic nerve in its passage through the foramen.

That all the nerves, muscles, ganglia, etc., on the left side must be in a state of atrophy, and are tired out—that they are now in a state of asthenia similar to that of my legs and feet.

That a stream of cold water is playing upon the left side of my face.

That a huge crab is clawing hold of me on that side !

The left side of my face is so abnormally sensitive

that, if at a theatre I find myself seated next to a lady using a fan on that side, my face very soon becomes uncomfortable, my eye overflows with tears, and all enjoyment is out of the question. I must either move to another seat, or screw up courage and ask my fair neighbour kindly to use her fan with the other hand, so that the cool breezes may be directed towards the brow of the person sitting on her left.

When I have the faceache, I instinctively put my left hand up to my head, as I seem to want support on that side or some pressure on my cheek or forehead, as well as a shade for my left eye. I often find myself doing this unconsciously even when out walking in the streets.

When it is very bad I long for warmth on that side, and if I am in bed I have to bury that side of my head in the pillows.

Faceache is nearly always present when I am in the 'acromegalic state,' and really forms part of it.

On some occasions I have noticed that after a bad attack of faceache—a real 'nerve-storm'—when I have begun to get comfortable once more, helped, maybe, by a good roasting before a fire or by the absorption of some hot soup, tea, or cocoa, a sudden change of feeling has taken place in my head, and I have perceived a sort of snap or click in my head,

when some of the discomfort has disappeared instantaneously.

After a storm of this sort is over, there is, for a while, some itching on the left scalp and forehead, which has to be relieved by scratching. This feeling never extends beyond the middle line.

I first began to suffer regularly from faceache in 1887, about seven years after what I look upon as the onset of acromegaly. I then found that nearly every afternoon it would come on and last an hour or two. I thought it must be neuralgia, and hoped that a change into the country during my summer holiday would rid me of it.

But I found that it persisted.

In 1889 it became much worse while I was travelling in Austria and Switzerland with some patients. I was really having a very enjoyable trip and travelling most comfortably, and I often wondered what could bring on this frequent faceache or neuralgia. Looking back now, I am convinced that it could partly be accounted for by the amount of shaking up which my head must have had during our long carriage drives, often of eight or nine hours in the day over mountain-passes. The occasion on which it got the greatest hold on me was during a week spent at Pontresina, when I had to share a bedroom with one of my friends, as the hotel was so crowded, and when the only means of ventilating

the room was by having a window open just about 3 feet from the left side of my head. For a long time afterwards I thought that those nights were to blame for some of my subsequent troubles.

This faceache gradually became more persistent, particularly in 1890, when my general health was rather weak after influenza.

It often used to keep me awake at night until 4 or 5 a.m.

It was then that I became so keenly susceptible to draughts. I remember that in bed at night I used to have the idea that there must be a draught coming down on to my left cheek from the door, although this was 5 or 6 feet away from the bed, but by no arrangement of screens was I able to stop the discomfort.

I tried at that time a good many of the stock remedies for neuralgia: quinine, arsenic, butyl-chloral, but without the slightest effect.

My faceache was at its worst in the year 1893, about the time when I had my 'black week.'

In March of that year I was laid up for several days with one of my queer feverish attacks, which at the time was put down to influenza. In April, when I was still feeling very weak, I was asked to accompany some patients to Aix-les-Bains. Before doing so, I thought it would be as well to get some further advice about my faceache, and the

advisability of profiting by my visit to Aix and having some treatment there.

I consulted an eminent physician, and he told me he thought that there must be some thickening and old inflammatory mischief about my left inferior orbital nerve, possibly set up originally by some tooth trouble.

He advised me to go through a course of iodide of potassium, and thought that, as I was going to Aix, I ought certainly to try the effect of the baths and douches.

I spent three weeks at Aix, and had a dozen douches, and went through a course of *pulvérisation* of the left side of my face. I did not seem to derive any benefit from the waters. In fact, I thought afterwards that they did me more harm than good. They had a very lowering effect, and seemed to increase my susceptibility to catching cold in the face. We generally went for a drive of an afternoon, and as I usually sat with my back to the horses, I suffered great discomfort in my head and neck when we were driving home in the evening after the air had got cool. No doubt this discomfort was aggravated by the prolonged vibration or shaking in the carriage, which, I realized at a later period, was a common factor in the production of a headache.

On one or two afternoons while I was at Aix my

'neuralgia' was so bad that I could not accompany my friends in their afternoon drive.

On May 27, after having had *pulvérisation et douche* in the morning, my neuralgia was so severe that I took 10 grains of quinine at 2 p.m., and 5 grains again at 8 p.m., combined with arsenic. The neuralgia did not seem to be affected by it, and my general condition seemed more uncomfortable afterwards, so I did not renew the experiment.

CHAPTER VI

HEADACHE

The greatest handicap in the struggle for life—Headache, a general term for a group of symptoms, forming with faceache and the acromegalic state *a triad of symptoms*—The true headache—Persistency for twenty-four years, with variations of type—Difference in character of headaches before and since 'my black week.'

In the accounts of acromegaly found in most of the textbooks of medicine, much stress is laid upon the various physical changes which are to be observed in the sufferers during the course of the disease, but one notices that the author generally winds up the subject in rather a cursory manner by saying that the patient has probably at some time been subject to headaches, and that he is perhaps liable to periods of lethargy. In a few such words he will dismiss this subject as if it were of slight importance in the study of the disease.

As a sufferer, I hold a very different view of the relative importance of the two groups of symptoms, and I think that headache is a subject worthy of much study and attention.

Headaches, including the whole group of head troubles, such as faceache, the acromegalic state, asthenopia, lethargy, fatigue, etc., exert a constant, all-pervading influence on the life of the patient. They constitute his most serious handicap in the struggle for existence. There is hardly an hour in the day when he has not to think how he must regulate his actions, so as to keep them off, or to get rid of them, when they are present.

Remedies can be found for the other group of symptoms, those outward and visible signs of the disease which so readily attract attention. Bigger boots can be ordered from the bootmaker when the feet are found to be gradually enlarging. When the head's circumference is obviously increased, the remedy is to get a bigger hat. Even when the lower jaw has grown so much and become so prominent that mastication is seriously interfered with, and when indigestion is the resulting trouble, our good friend the dentist will come to the rescue with his skill, and, by fixing a denture in the sufferer's mouth, he will enable him to do justice to the food, even if he were a guest at Camacho's wedding-feast. But to deal with headache and intracranial trouble is a far more difficult and serious matter.

I often use the term *headache* to denote the whole group of head symptoms from which I suffer, and

which are all so intimately associated. It is, of course, the most convenient term to use in a general way, and is the one most readily understood. There are occasions when one is feeling very uncomfortable when it would be impossible to explain that one is under the influence of the *acromegalic state*. Or if one said that one was feeling *very acromegalic* it would not be understood. It is far simpler to say one has a headache.

The *true headache* is a thoroughly intracranial or cerebral trouble, and is quite distinct from *faceache*, which always seems to me quite localized, and is invariably on the left side.

I may be suffering from both simultaneously, or I may be at the time under the influence of the *acromegalic state*. When suffering from a headache I cannot, to use a popular expression, 'put my finger on the spot'; it is too deep inside my head.

It is a feeling akin to fatigue, with a desire to keep still, and an inability to make the best use of one's mental faculties.

I have now been subject to headaches for twenty-three or twenty-four years, and have hardly passed a day during all this period without one, or without some discomfort in my head.

During all these years there has been great variation in the type of headache, and I have constantly been able to recognize the various influences of

fatigue, eye-strain, nasal obstruction, uric acid excess, exposure to cold and prolonged shaking in a carriage or train.

But I also now realize that I have passed through two periods during which the general type of headache has been different, and that a sort of change must have taken place about the time when I went through 'my black week.' The first period extended from about 1887 to 1893 or 1894, and the second from that time up to the present (1911).

During the first period the headaches were certainly more acute, more frequent, and of longer duration. They were more akin to neuralgia, and much more of the *local* type. I used to have in my head a feeling of rasping, squeezing, stuffing, with an intolerance of any light or noise. The terrible aching in the left side of my head at times made life a misery, and I could not have been more uncomfortable had I gone about, as I have already said, with a huge crab clawing hold of that side of my head.

During this first period I used rarely to give way to my trouble or retire to an armchair for rest. I had a feeling of impatience, a desire to walk off the headache or to move about, often a craving for the next meal. It was my constant practice, several times a day, after coming indoors, when I washed my hands, or just before sitting down to a meal, to use some dumb-bells, or to go through some exer-

cises with my arms for a few minutes. I was possessed then with the idea that my headache must be due to gout or rheumatism, and that I did not get enough exercise. For many years I very rarely walked less than five or six miles each day. No doubt I must often have unwittingly made matters worse by moving about so much.

I am becoming daily more convinced that during this first period the cause of the headache must have been a purely local one, such as some growth slowly taking place within the cranium, pushing its way in different directions, stretching the brain coverings, pressing on some of the nerves, separating the bones at the base of the skull, altering their relative positions or relations, causing congestion and inflammatory thickening of the surrounding parts. This would help to account for some of my numerous *queer feverish attacks.*

The popular expression, 'a splitting headache,' is most appropriate, and if there was then any pushing apart or splitting asunder of some of the bones at the base of the skull, it is literally correct.

During the second period—that is, since 'my black week'—a decided change has been coming over me, and the general character of the headaches has been different. They have been less of the neuralgic or local type and more akin to fatigue or lassitude, whilst the acromegalic state has been

a more predominant feature. During the last five years, since I have known that I was an acromegalic, and have realized that headache was an important symptom, one to be reckoned with accordingly, I am sure that I have suffered less. I seem to have been able to keep the trouble much more under control, and I think that I have managed to spare myself many of those headaches which in years gone by, owing to my ignorance, I used to be let in for.

I have often noticed that, after I have been in bed for an hour or more, lying on my left side, with that side of my head buried in the pillow, if I turn over on to the other side, my head will ache for about twenty minutes, or until I drop off to sleep again. I have to avoid turning over when lying down as much as I can for fear of this discomfort. It seems to me as if my brain has to settle itself down inside the skull in its water-bed, and that, after shifting it into another position, an interval of time is required for it to settle down again. Unfortunately, if I lie too long in one position, the weak circulation in my legs brings on the cramp, and I am obliged to move.

It is curious to notice how a headache changes, and how one variety may succeed another. I observed a good instance of this one cold winter's evening, when I went to a concert. I had to walk

about a quarter of a mile facing a very cold, damp wind. This brought on a very severe faceache by the time I reached the hall, and my enjoyment during the first part of the concert was a good deal marred. It was only when I got thoroughly warm again that I really began to enjoy the music; but, unfortunately, the atmosphere was rather stuffy and made me feel uncomfortable, and the latter part of the time I suffered quite another form of headache, which was probably due to my blood wanting more oxygen.

CHAPTER VII

THE ACROMEGALIC STATE

Description—Symptoms—Physical changes observed when it is present—How it comes and goes—What influences it—What can be done for it—A temporary physical condition.

I APPLY this term to the very strange condition which I so frequently lapse into, one which varies greatly in its degrees, when very slight being nothing more than a mere uncomfortable feeling or *malaise*, but in its severer form causing me to feel very ill, and perhaps for a while quite incapacitated. It may be on me at any time of the day, and is most variable in its duration. There are days when perhaps for about half an hour I feel 'a bit acromegalic,' most likely during the latter part of the morning, always my worst time. There are other days, 'my bad days,' when I am under the influence of this state from morning till night, with only some slight intermissions, probably just after a meal or a sleep. For many years I have not passed a whole day quite free from this peculiar affection.

Symptoms.

A general feeling of discomfort, sometimes with intense fatigue.

A sensation akin to that of being partially under the influence of an anæsthetic or of some drug.

Sometimes a feeling of restlessness or impatience, with perhaps a craving for food.

Most frequently the desire to keep absolutely still.

Intolerance of any noise or din.

Intolerance of any strong light, of the glare of the sun reflected off the pavement when out of doors, of the light reflected from a white table-cloth, or from the forks and spoons lying on the dinner-table.

A feeling of giddiness, especially if walking in the streets, most troublesome when going round a corner, and the fear of being knocked over by any passer-by.

Any physical exertion, like going up one or two flights of stairs, brings on shortness of breath. Afterwards the breathing is irregular, of a sighing character (? a sort of Cheyne-Stokes respiration).

When I am at my worst I still seem to be master of all my mental faculties, but lose the inclination to make best use of them.

There is some mental depression, but it is over-

balanced by the strong feeling that if I can only remain perfectly still for a little while the condition will pass off and I shall be all right.

The desire to retire into my own den may be intense. 'Ruat cœlum!' but leave me alone in my armchair!

It seems as if all one's natural zest were gone.

All interest in what is going on around one, or in what is going to happen, is lost for the time being.

I am aware that when I am in this state certain physical changes take place in me which are quite obvious. Some of them have been noticed by my friends.

My face is very pale.

My lower lip is much more prominent and drooping. This is the most characteristic sign.

Often there is ptosis of the left eyelid. This has at times caused me to be thought asleep by anyone who happened to be that side of me. Eyes more sunken. The eyelids puffy and red. Tears flow so abundantly that I may have to mop my face with a handkerchief every few minutes.

My hands become larger, especially broader. They are cold and moist.

My feet also become swollen, so that my boots seem too tight. They perspire and soon become cold, often necessitating a change of socks later on.

I assume more decidedly the acromegalic facies. How much this varies with me has often been observed and remarked upon by my medical friends.

On some occasions I may be out walking in the streets, or in places where people congregate, when the fit is on, making me feel and look more acromegalic. And then, should a group of young women pass by, and should they be of that age when maids are wont to giggle, I become aware that their brains contain a centre capable of being stimulated by something in my appearance.

This state always comes over me quite imperceptibly, and leaves me in the same way.

It is intimately connected with headache and faceache, and may be present with either one or both of them. Or one of the three may verge into the other, and each one may be present alone. Together they form a triad of symptoms.

It seems to be a sign of my vitality being low, of lowered blood-pressure. It cannot be a sign of fatigue, as it is always worst in the mornings, not long after I have had my night's sleep, and when I have been quite quiet for many hours. An important point is that the time when I am most free from it, when it rarely comes over me, or only affects me but slightly, is late in the day. The hours that I reckon as my best, when I am sure to feel most comfortable, and when I am most fit for

any mental occupation, are late in the evening —from 10 p.m. to midnight. This must be the time when with me the pituitary gland is the least troublesome, and therefore, according to the poet Horace, the one when I must be particularly sane.

I have suffered from this trouble in its most acute form when I have been travelling. It would come on after a very long carriage drive, or when I have been much exposed to the cold.

At one time I thought it was very much connected with my being hungry. It was during a period some fifteen or sixteen years ago, when I was distinctly suffering from bulimia. But this symptom gradually left me, and my appetite has settled down and become a moderately healthy one.

The condition varies with the barometric pressure, being worse when this is low.

I have sometimes noticed that I feel unusually well during very foggy weather, in spite of the gloom and the depressing surroundings, and I have always attributed this to the barometric pressure being very high at the time.

I believe that the acromegalic state has also been influenced when I have been in high altitudes. Several times I have felt very uncomfortable when I have been on a holiday amongst the Alps, and could not account for it. My condition was very likely made worse by my taking at that time more

exercise than was good for me, and by my indulging in too much food owing to the effect of the bracing atmosphere.

The condition is of transitory duration, and there are days when it seems to come and go almost with caprice.

It was most severe at the time when I had 'my black week.' Then it would sometimes last the whole day.

It has been less troublesome since then, and has been decidedly milder the last four or five years, when I have been obliged to take less and less exercise and lead such a much quieter life, owing to the weakness of my legs and the trophic changes in my toes.

Hence the joke that my headaches have now gone down into my feet.

As with headache and faceache, the only relief seems to be brought about by rest, combined with patience. If I sit in an armchair and keep absolutely immobile, the condition will gradually pass off.

I have often noticed that I get relief if the next meal is hurried on, but then afterwards I may feel more collapsed, and go through an extra long period of lethargy.

A collapse often follows when the state has been unusually bad, and then my only means of getting comfortable again is to have a good hour's sleep.

This is especially the case when I have been feeling very acromegalic while out walking, and been so overcome that it was difficult for me to get home.

During the last winter months, when I daily applied a faradic current to my feet on account of my sore toes, I have suffered decidedly less from the acromegalic state. But, as mentioned above, owing to my feet being so weak and sore, I have been obliged to keep much more quiet.

This acromegalic state is a physical one. But it does, to a certain extent, affect one's mental capacities, which become depressed by the helplessness and the desire to avoid any effort, mental or physical. One has not 'that alacrity of spirit one was wont to have.'

But even when the state is very bad one can master it by any very strong desire or emotion. With an effort one can 'pull oneself together.' But a corresponding state of collapse follows with an extra feeling of weakness.

Two good instances which show this have happened to me lately. One morning, when I was feeling very acromegalic, and probably looking so, I must have been spotted as an easy prey by a gang of pickpockets, who surrounded and hustled me, as I wanted to enter a shop in a crowded thoroughfare near my house. I suddenly noticed that my watch-chain was hanging loose, and that my watch was gone. The thieves at once dispersed, but I raised

a hue and cry, and even pursued two of them a few hundred yards. With the help of two detectives who turned up I managed to ferret out one of them who had secreted himself in a stable, and who eventually was convicted of the theft.

The other instance was when I saved a small boy from drowning.

This also happened at the time of day when I am most usually in the acromegalic state—between twelve and one o'clock. I was on my way home one hot summer's morning, feeling very bad indeed, when I thought that half an hour's rest amongst the trees in Kensington Gardens might put me right. I had been sitting some time on the high bank above the Long Water, when my attention was directed to a small boy, who was quite alone, playing near the edge of the water. He had thrown in one or two handfuls of gravel, and was turning round to pick up some more, when he lost his balance and fell head foremost into the water. I jumped up from my chair, ran down the grassy bank, scrambled over a hurdle fence, and hooked hold of the child with my walking-stick. Using it as a gaff, I was able to lift the child out of the water. He was quite unconscious, and blue in the face, but he soon revived after some artificial respiration, and I was able to leave him in the charge of the keepers. The excitement helped me on this occasion, but I quite used

up my balance of energy—which during the acromegalic state is such a low one—and I had only the strength left to drag myself home.*

For many years, before I knew that I was an acromegalic, I was much perplexed by this strange feeling coming over me so often, and wondered why it should be my lot to undergo this obsession. First, it was but a slight discomfort, or funny feeling in the head, which I connected with my neuralgia, but later on it gradually developed into this acromegalic state, for which I can find no other or more suitable name.

It is no exaggeration to say that for the last five-and-twenty years my existence has been a continual fight against this state.

Indoors or out of doors, in summer or in winter, rising in the morning or retiring at night, I may perhaps be under its influence, or be afraid of its coming over me, and have to think how I can keep it off.

I have to regulate my actions in many ways so as to avoid it being on me at the wrong moment, or when I have something important to do. My whole mode of life is influenced by this handicap.

* I heard afterwards that one of the keepers was close behind me amongst the trees when he saw me spring from my chair and make a sudden dash towards the water. 'There's something wrong about that gent,' said he to himself, 'he's going to drown hisself'—and he followed down the bank to rescue me.



Age 26.



Age 29.



Age 36.



Age 43.

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CHAPTER VIII

OCULAR TROUBLES

Excellent eyesight in early life—At the age of twenty-four said to have 'weak eyes'—Catching cold in the eye (rheumatic attacks ?)—At thirty-eight I was discovered to be astigmatic —Troublesome asthenopia—For many years I thought the astigmatism must be the origin of all my troubles—At forty-eight, disappearance of astigmatism in right eye—Attacks of conjunctivitis in the spring.

'. . . From the cheerful ways of men
Cut off. . . .'

MILTON.

FOR the last twenty-five or thirty years my eyes have been a constant source of trouble, and at times I could hardly say which was worse, my headache or my asthenopia, especially about fifteen years ago, when all my 'head trouble' was going through a climax.

As a boy my eyes were very good. My visual power, or acuteness of vision, has been above the average. My range of accommodation must always have been great. At one time I was very fond of doing very fine pen-and-ink drawings. Yet I must have been long-sighted as a boy. In con-

nection with this I might mention an incident which happened when I was sixteen years old, interesting, as I must be one of the few individuals who have been able to see the Pyrenees from the neighbourhood of Marseilles, at a distance of 130 miles (200 kilometres). Although Marseilles is on the south coast of France, the town is actually situated in a bay with the sea to the west, and owing to the configuration of the Gulf of Lions, the sunset there always appears in the sea. On February 19, 1870, at 5.30, from the top of a hill I was watching the sun just about to set, when I noticed on the horizon several small dark specks. They were close to the sun's disc, and could be distinguished long after the sun had disappeared. With the help of a compass, and after referring to a map, I was interested to learn that I had been watching Mont Canigou, the easternmost peak of the Pyrenees. I found out afterwards that this is an observation which can be made twice a year on two recognized dates.

During my boyhood I had a trick of twitching my eyelids, and I well remember my father's attempts to correct me of it, as it was looked upon as a sign of my being bilious, and led to the administration of tumblers-full of salts and senna or of rhubarb draught. I belonged to the last generation of children, for whom punishment and purgation went hand in hand.

When I was between sixteen and twenty years old, and did a great deal of walking about the mountains of Provence and the Mediterranean coast, I was very much exposed to the sun, and often found the glare very dazzling and a great trial, especially when tramping along the white, dusty roads in summer, but I never took the precaution of wearing smoked glasses.

During my student days my eyes caused me no inconvenience when reading for my examinations. My real troubles began after I was qualified, when I was twenty-four years old, the age at which I now think that acromegaly first attacked me. I then went to Brighton for a year, and was Assistant House-Surgeon at the Sussex County Hospital. Here I found that the glare of the sun on the sea-front was often far more trying than what I had ever experienced in the sunny South of France. I remember especially that some Sundays when I was to be on duty in the afternoon, I managed to get out for a walk just before lunch, and had time for a turn on the sea-front among the 'Sunday parade.' Sometimes I was almost blinded by the sun. My eyes became so sore, the lids so swollen and red, that I was obliged to wend my way home to the hospital through some of the narrow back streets, so as to keep in the shade.

My old fellow-student, W. T. Freeman, who was

then House-Physician at the Lying-in Hospital at Brighton, and was often with me, made frequent remarks about my 'weak eyes.' This made rather an impression on me, and I was well convinced of the fact of their being weak one day when we played tennis on an asphalt court, and I had to give up, because I found the glare of the sun so intolerable.

This 'weakness of the eyes' got gradually worse. It caused me a great deal of bother in 1883 when I went for a voyage to Australia, and mitigated my enjoyment considerably when I had opportunities of landing in several places in the tropics. On the journey home I found that frequently, when I was sitting on the deck of the ship, I could not read a book comfortably, as my eyes were so sore, and I seemed to feel the vibration of the ship's screw so much that I would quickly get tired.

I spent the month of June, 1886, at Aix-les-Bains, where I was accompanying some patients. While there I was recommended to try the waters, as my eyes were always red, and to have a few *pulvérisations*. A fine spray of hot water from the 'Alum' spring was applied to them during a sitting of twenty minutes. Although I had a dozen applications, I was unable to notice any benefit.

I used to find the glare of the sun most trying at Aix, especially in the mornings. I remember

the impression made on me when one of the friends I was with remarked to me that to be in the South of France again must remind me of my early days, and that, with the experience I had, I must be like a southerner, quite proof against the rays of the sun. I was obliged to confess that during the last ten years, while in England, conditions must have altered, that a change had come over me, and that I could no longer bear the bright sunshine as I did in my youth.

During the next few years, when I had to wait behind my brass plate for the practice which was all too slow in coming, I devoted much of my time to drawing and painting. I did many illustrations for medical works, and helped with my pencil and paint-brush to keep the wolf from the door. My eyes all the time were getting worse, and I thought this must be the cause.

In 1887 I became aware that I could not always read quite so easily or comfortably as I used to. The fact was especially impressed upon me at some Shakespeare readings got up by some of my friends, who asked me to join. I often used to find the words on my page running together and the letters indistinct.

Even then it did not occur to me that I might have some error of refraction. I was still under the influence of a fixed tradition in my family

that we, all of us, were favoured with such perfect eyesight.

At this period there was generally a small amount of mucous discharge in my eyes. It used often to collect in the inner canthus, so that my friends would sometimes tell me that I had some white stuff in the corner of my eyes — the *augen-milch* of the Germans.

The first time that I was ever obliged to seek some advice about my eyes was in February, 1892. I had been to a funeral at Willesden Green, and when standing in the cemetery, although it was not freezing, there was a slight wind blowing, which seemed most bitterly cold and piercing. I felt all the while as if it were literally going through my skull. My head seemed to be frozen.

Two days later, in the afternoon, my right eye became inflamed. I went to see Mr. Henry Power about it, and he called it a rheumatic attack. The eye was quite well in three or four days.

This same year my weak eyes seemed to spoil much of my pleasure during my summer holiday. I joined some friends at Aberdovey in the month of July. While there the bedroom which I occupied was on the ground-floor, with a large bow-window facing south-east, looking on to a broad cart road. There was nothing but an old-fashioned venetian blind to keep out the daylight, which intruded at a

most unconscionable hour every morning, intensified by the reflection of the white road just outside. I seemed unable to get any sleep. My nights were also made worse by my sorry experience of a Welsh pillow. It was my lot to have one which I could only compare to a sack of potatoes.

I wondered afterwards how I could have put up with so much discomfort. I grew wiser after this experience, and perhaps have become less sensitive to any chaffing or ridicule from my friends, and of late years, when I go away from home, my portmanteau always contains a large piece of dark green stuff, which I can have pinned, if necessary, over the window of any room I have to sleep in, so as to exclude any indiscreet morning daylight.

It was while I was sitting at the Alhambra one night (October 10, 1893), with my friend Dr. E. S. Tait, that I became so much oppressed by the dense cloud of tobacco smoke which surrounded us that I remarked to him how unpleasant I found it, and how sore it made my eyes. I even added that I thought it aggravated my neuralgia. He suggested that this might possibly be due to my having some error of refraction. I protested, and maintained that my eyesight was a great deal too good for this to be possible. We had a long argument on the subject, which ended in my being persuaded to go and have my eyes thoroughly examined by an oculist.

'1893. *October* 19.—I consulted Mr. R., 'who diagnosed hypermetropia and astigmatism 'in the left eye, and ordered following lenses:

$$\text{R.}\quad \frac{\qquad}{+36 \text{ spher.}} = \tfrac{6}{5}.$$

$$\text{L.}\quad \frac{+48 \text{ cyl. ax. horiz.}}{+72 \text{ spher.}} = \tfrac{6}{5}.$$

'*October* 25.—I began wearing glasses.'

'*October* 27.—I had to refuse to do some 'drawings to illustrate a book for Dr. H., as 'my eyes were so troublesome.'

'*November* 13.—Mr. R. said that there was 'astigmatism in my right eye, in an opposite 'direction to that in the left.

$$\text{R.}\quad \frac{+72 \text{ cyl. ax.}}{+72 \text{ spher.}} = \text{vert. } \tfrac{6}{5}.$$

$$\text{L.}\quad \frac{+48 \text{ cyl. ax.}}{+72 \text{ spher.}} = \text{horiz. } \tfrac{6}{5}.$$

'*December* 19.—Mr. R. altered the left lens:

$$\text{L.}\quad \frac{+48 \text{ cyl. ax.}}{+48 \text{ spher.}} = \text{horiz. } \tfrac{6}{5}.$$

For many months I went on suffering terrible discomfort in spite of my spectacles. I seemed quite unable to get used to them. I persevered, however, as I felt convinced that the cause of all the trouble in my head had now been found out, and was at last being properly dealt with. I got into the way of thinking that all the pains in my head had their source in this error of refraction, and that they had now got such a hold of me, and were

all the more difficult to deal with, on account of their having been neglected so long. At last I had the satisfaction of feeling that I was undergoing some definite and proper treatment, and I was buoyed up by the idea that my eyes would soon be cured, and that then my headaches would cease. Alas! it was but a delusion. I had little idea what there was behind the astigmatism. It can hardly be said that for a time I lived in a fool's paradise, as I was undergoing too much torture.

During the year 1894 I persevered most diligently in wearing my glasses, but it seemed to me that, in spite of them, my discomfort and trouble were increasing.

'1894. *January* 22.—Consulted R. No 'more changes to be made in glasses.'

'*October* 2.—Saw R. again. No changes in 'glasses. To return to him next summer.'

'1895. *May* 18.—Have an inflammatory 'attack in right eye.'

'1896. *June* 22.—Mr. R. altered my lenses 'and gave me glasses to read with.

'A. for distance:

R. $\frac{+48 \text{ cyl. ax.}}{}$ \ 15 up and out $\frac{6}{4}$.

L. $\frac{+48 \text{ cyl. ax. horiz.}}{} = \frac{6}{5}$.

'B. for near objects:

R. $\frac{+48 \text{ cyl. ax.}}{+48 \text{ spher.}}$ \ = 15 up and out.

L. $\frac{+48 \text{ cyl. ax.}}{+48 \text{ spher.}}$ = horiz.

During the years 1895 and 1896 my asthenopia was incessant. I seemed to get no relief. I wondered more and more why this should be, as my astigmatism had now been corrected. Every day I came across people who had been able to have their eye troubles relieved by wearing the proper lenses. Why should it not be so with me? I found reading very difficult, and had to avoid doing so as far as I could by artificial light. I had to refuse a good deal of drawing and painting which came in my way, as it fatigued me too much.

I have often thought since how fortunate it was that my profession was not that of an artist, as I could not have gone on with it at that time, and I should have had an utter breakdown before reaching the age of forty.

I had to take all precautions to save my sight, as far as I could, avoiding the glare of a bright sunshine or exposure to a great display of electric light.

I never went into the country or to the seaside without a pair of smoked glasses made with the proper cylinders, to wear when out in the sun. I very carefully avoided ever looking down a microscope or using an opera-glass, knowing too well that discomfort would follow.

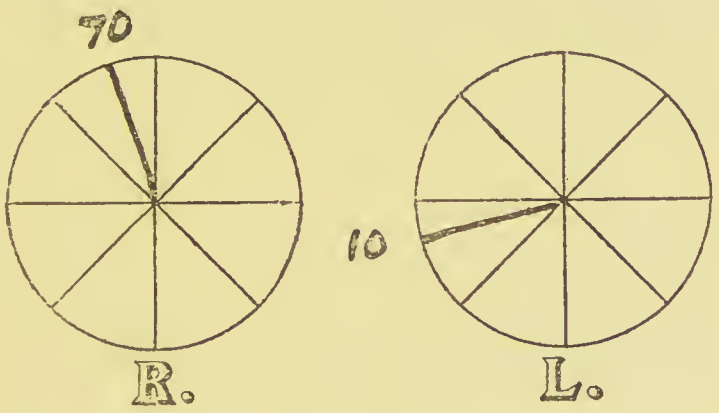
One day when I was talking of my eye trouble

with an old relation, a retired medical man, he remarked that I often rolled my eyes upwards, as if I had 'brain disease.'

'1897. *May* 19.—I went to consult Mr. 'Ernest Clarke about my eyes.'

'*May* 22.—To E.C. in the morning, and had 'homatropin put in both my eyes, and they were 'tested. Had difficulty in seeing most of the 'day after it, my pupils being widely dilated. 'In the afternoon went and heard the "Geisha" 'at Daly's Theatre.'

'*May* 24.—To see E. C. about my eyes (third 'time). The effects of the homatropin having 'passed off, he gave me prescription for new 'glasses.

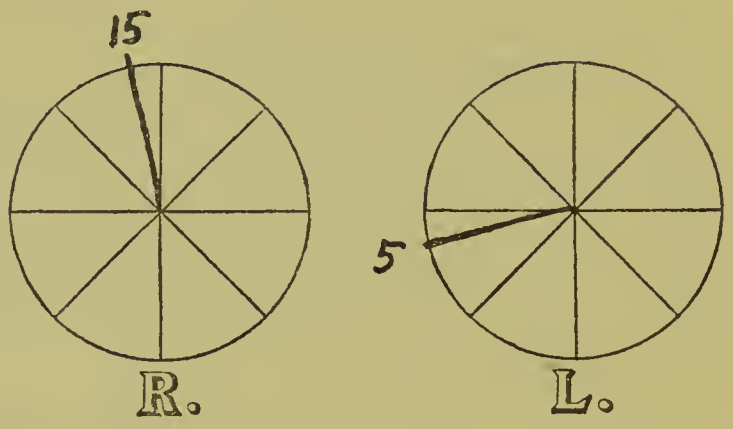


R.	Spher.	Cyl.	L.	Spher.	Cyl.
Distance	−·50 D.	+·75 D.	Distance -	−·50 D.	+1 D.
Reading	+ 1 D.	+·75 D.	Reading -	+ 1 D.	+1 D.

'*May* 26.—I began wearing new glasses.'

'1898. *October* 18.—Start reading for M.D. 'Durham.'

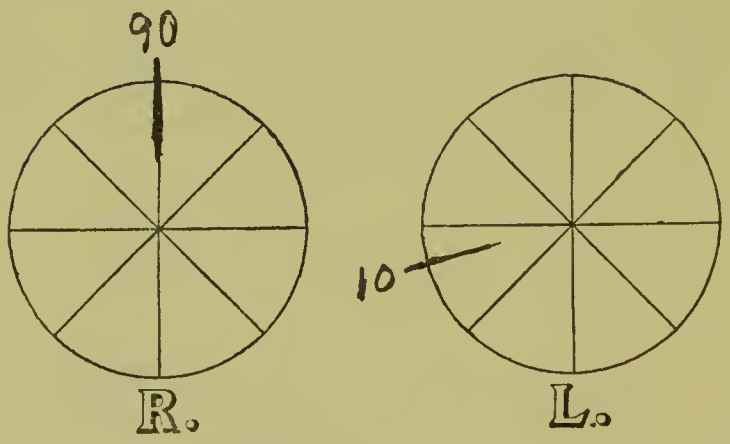
'*November* 24.—Saw E. C. Fresh changes 'in lenses.'



R.	Spher.	Cyl.	L.	Spher.	Cyl.
Distance - -	−·25	+·50	Distance - -	−·75	+1·25
Reading - -	+ 1	+·50	Reading - -	+·50	+1·25

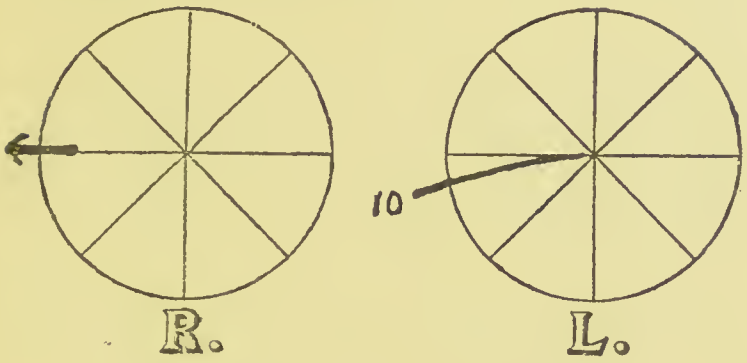
'1899. *October* 20.—E. C. atropinized my 'eyes. Improvement in right eye.'

'*October* 24.—New lenses.



R.	Spher.	Cyl.	L.	Spher.	Cyl.
Distance - -	—	+·25	Distance - -	−·75	+1·25
Reading - -	+1·25	+·25	Reading - -	+·50	+1·25

'1900. *March* 20.—



	R.	L.
Distance	– ·25 cyl.	+ 1·25 cyl. – 1 sph.
Reading	– ·25 cyl. + 1·5 sph.	+ 1·25 cyl. + ·50 sph.

and (which was the same thing) folders + 1·5 sph. both eyes were given to wear in front of the distance glasses for reading.

'1901. *April* 5.—Have bad cold in the head 'and sore eyes. Very wet weather. Very 'busy, as Turner is away, and have a lot of 'driving about to do, seeing his patients as well 'as my own.'

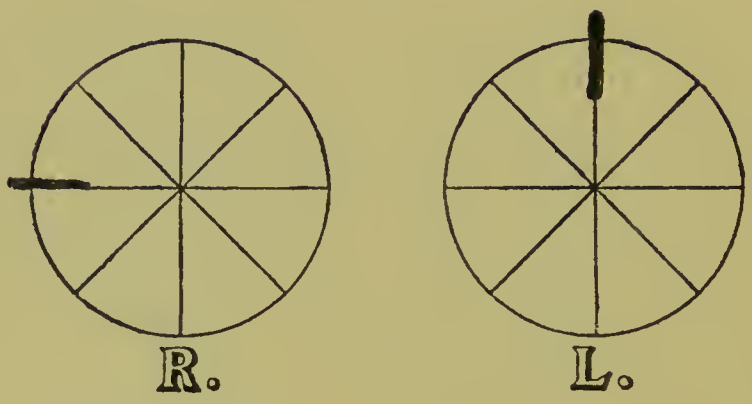
'*April* 8.—Both eyes sore with purulent dis- 'charge.

'*April* 9.—Saw E. C. in the morning about 'my ophthalmia; inside of lids painted with 'sol. arg. nit. gr. x. ad ℥i.'

'*April* 20.—To see E. C. every other day 'just now for him to touch my eyes with the 'alum stick.'

'*November* 27.—To see E. C. in the morning, 'and he put homatropin in my eyes.'

'*November* 30.—He gave me new glasses.



R.	Spher.	Cyl.	L.	Spher.	Cyl.
Distance - -	— ·25	−·25	Distance -	— ·25	−1·25
Reading - -	+1·5	−·25	Reading -	+1·5	−1·25

'1902. *February* 14, and again *March* 4, 'fresh examination *sine* homatropin. Refrac-'tion same as before; ordered "music" or 'painting glasses.

R.	L.
−·25 cyl.	−1·25 cyl.
+·75 spher.	+ ·75 spher.

'1902. *August* 8.—At Lausanne. Attack 'of ophthalmia at end of trip to Switzerland. 'My right eye very much inflamed and sore. 'I determined to return to England by short 'stages, fearing a long night journey. Pushed 'on as far as Dijon.

'*August* 9.—Stopped night at Dijon. In 'the afternoon on to Paris.

'*August* 10.—Stopped night in Paris. Went 'on to Dieppe in the evening.

'*August* 11. — Having stopped night in 'Dieppe, took the steamer at 1, crossed to 'Newhaven. Inflammation in my eye had 'subsided when I got back to London in the 'evening, but I felt very seedy, and none the 'better after my change to Switzerland.'

In 1902 or 1903 I was much interested in a book by P. Gould of Philadelphia, describing the lives of three eminent men who had no doubt been influenced by astigmatism—Darwin, Huxley and Carlyle. I became more firmly convinced that all my troubles must also be due to astigmatism, and that it was influencing my health.

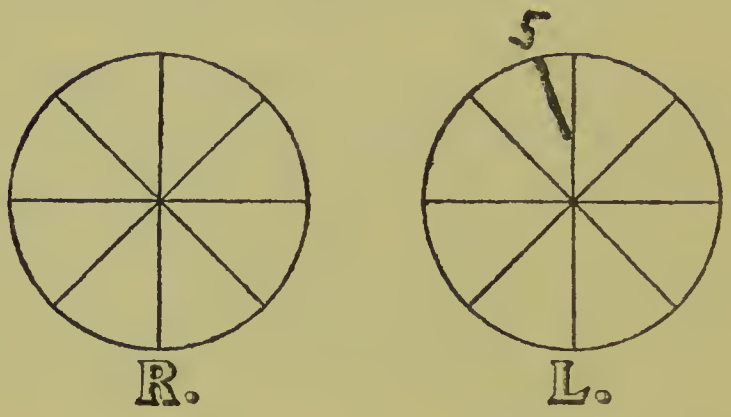
'1903. *Friday, May* 22.—Saw Clarke in the 'morning about my eyes and he put in homa- 'tropin, but it was not sufficient to paralyze the 'ciliary muscles, so he told me to put in atropin 'three times a day and return on Monday.'

'*Monday, May* 25.—Saw E. C. in the morn- 'ing, but my eyes were not sufficiently under 'influence of atropin for thorough examination, 'and am to go on with atropin for two days 'more.'

'*Wednesday, May* 27.—E. C. examined my 'eyes, which were now thoroughly under 'atropin, after about eighteen or twenty instil- 'lations.

'*He found that the astigmatism in my right 'eye was quite gone*, and that in the left eye it 'was less, and that the angle was altered.'

'*June* 8.—Saw E. C. in the morning, the 'atropin having worn itself out of my eyes 'after thirteen days, and he confirmed the 'correction of my eyes, the right one being 'now free from astigmatism.



R.	Spher.	Cyl.	L.	Spher.	Cyl.
Distance - -	− ·50	—	Distance - -	− ·50	− 1
Reading - -	+ 1·5	—	Reading - -	+ 1·5	− 1

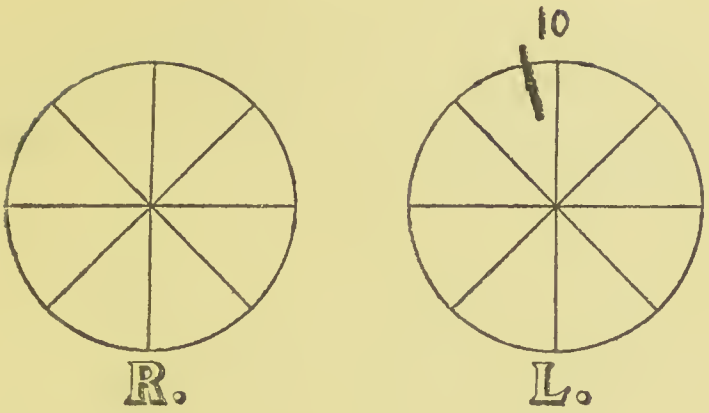
'1904. On May 2 I was again suffering from 'conjunctivitis, with a muco-purulent discharge, 'such as I had already had several times before 'in the early spring.

'I went to see E. C. about it, and he applied 'argyrol to my eyes.

'This attack cleared up after two more 'applications of argyrol (May 4 and 7).

'I was suffering at the same time from an 'acute postnasal catarrh, with buzzing in the 'ears, the right Eustachian tube being blocked.'

'1909. *March* 17.—A thorough examina- 'tion made, and the following glasses were 'ordered:

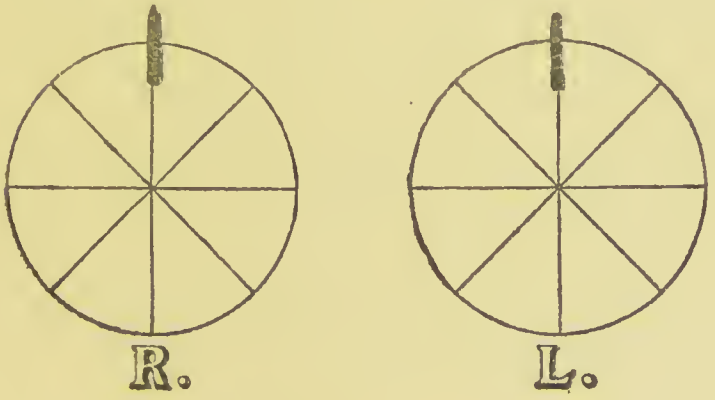


R.		L.		
	Spher.		Spher.	Cyl.
Distance - - - - -	− ·50	Distance -	− 1·25	− 1·25
Reading - - - - -	+2	Reading -	+1	− 1·25
'Painting' - - - -	+ ·75	'Painting' -	− ·25	− 1·25

'The visual fields of the two eyes were 'taken, and the left field was found *slightly 'contracted'* (see p. 71).

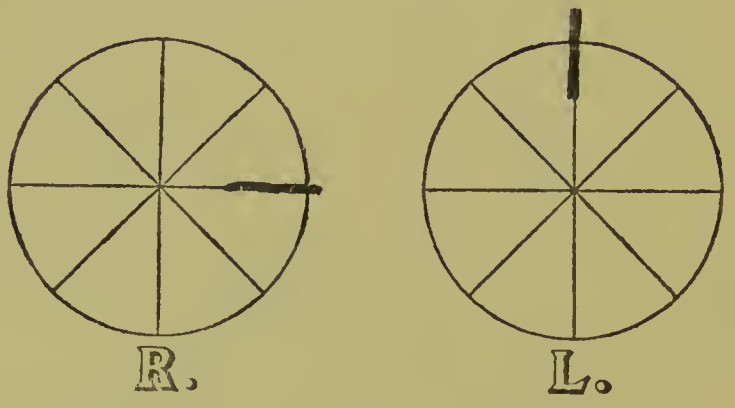
'1911. *May* 11.—After several weeks of dis- 'comfort in the eyes I saw E. C., and he found 'that the astigmatism had returned in my right 'eye, after being absent for six years.

'He ordered the following lenses:



R.			L.		
	Spher.	Cyl.		Spher.	Cyl.
Painting - -	+1	− ·50	Painting - -	+ ·50	− 2
Distance - -	− ·75	− ·50	Distance - -	− 1·25	− 2
Reading - -	+2	− ·50	Reading - -	+1·5	− 2

'*June* 11.—E. C. confirmed the return 'of astigmatism. He ordered the following '"music" glasses for me to wear indoors, or 'when "at table."



R.	Spher.	Cyl.	L.	Spher.	Cyl
Music - - -	—	+·50	Music - - - -	—	−2

NOTE FROM MR. ERNEST CLARKE.

'On re-examining the eyes in June, 1911, I found that the astigmatism had reappeared in the right eye. The interesting point was that not only had it reappeared, but it was the opposite form of astigmatism from what this eye had suffered from previously, and by the same amount of change that had occurred in this eye, the left eye also was affected; in other words, there was an increase of ·75 astigmatism "against the rule" in both eyes. The axis, which had been 10° in the left eye, had become vertical. I look upon these changes as quite consistent with the changes in the bony walls of the orbit. Such changes doubtless exert pressure upon the soft eyeball, and so produce this condition of astigmatism.'—*October* 21, 1911.

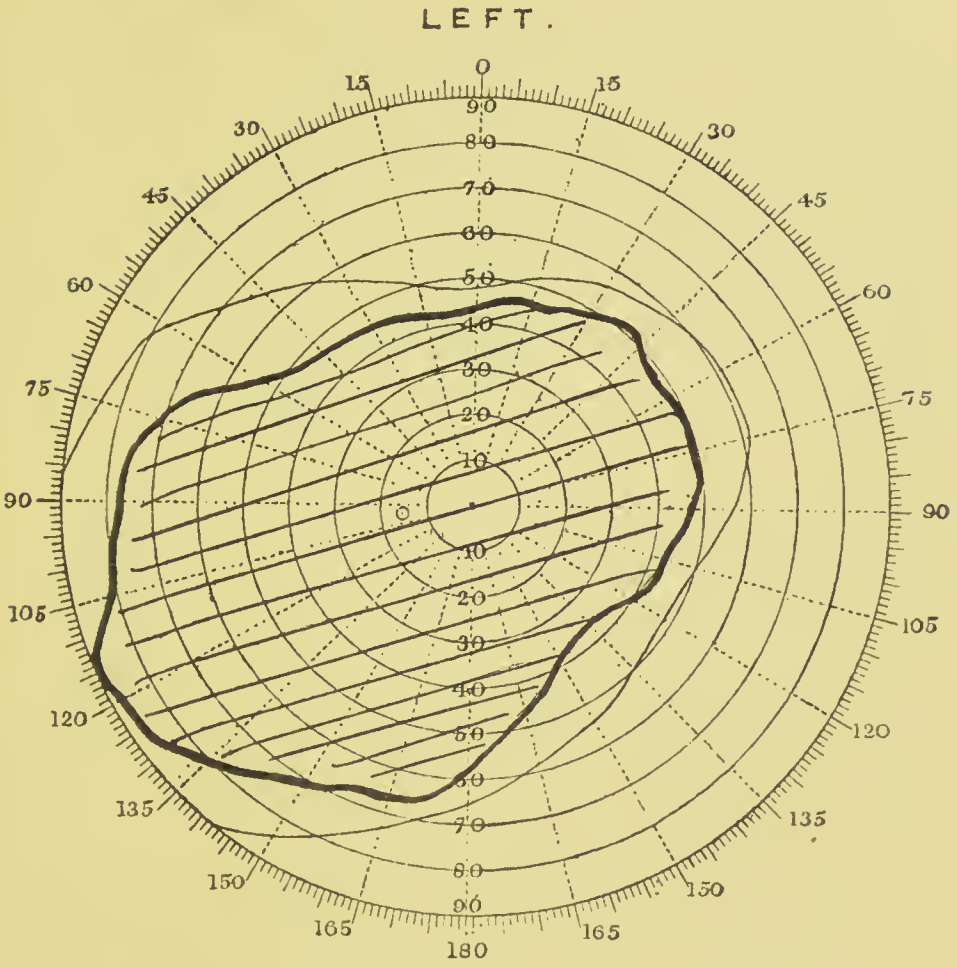


CHART OF VISUAL FIELD OF LEFT EYE (1909).

LACRIMATION

For many years past I have been inconvenienced by an excessive flow of tears. In the early days of my eyestrain this was not so constant as it is now, and I often used to look upon it as a sort of safety-valve, as it seemed to be most profuse just when my discomfort was passing off after any excess of eye-strain, so I would look forward to its advent impatiently.

During the last seven or eight years, although I have been having less and less eyestrain, the lacrimation has gone on increasing in amount. Several times during the hour large tears overflow from my eyelids and course down my cheeks on to my clothing, unless I catch them with my handkerchief. This has become quite a habit with me, no matter the time of the day, whether in or out of doors.

Even in the night, when I am in bed with my eyes closed, this goes on. When I am lying on one side, the tears from the corresponding eye will flow on to the pillow, while those from the other or upper eye will sometimes collect over the inner canthus near the nose, forming a little pool, which I have to bale out with my finger-tip.

The secretion is always more abundant when I am exposed to a cold wind, especially an east one, or when I am in a room full of tobacco smoke, or the fumes of a chimney which is drawing badly.

If my moustache, an important feature some twenty-five years ago, is now so grizzled and scanty, it is, no doubt, because the tears have come to the aid of time, and, by their constant flow, have soaked and rotted the root of the hairs and caused them to drop out.

The tears also play havoc with the flaps of my frock coats. When I am in evening dress my

shirt-front suffers, and does not remain long in the immaculate state in which it left the hands of my laundress.

Many times have I been told by observant friends that I ought to have my canaliculi split up, as my lacrimal ducts must be blocked. But Ernest Clarke has, on several occasions, proved that this cannot be the case, and that the probe meets with no obstruction.

The tears are too abundant for them all to escape through the proper scuttles, and what overflows is the *Sturm-wasser*.

I am quite convinced that the *fons et origo* of this profusion of tears must be looked for in the over-grown lacrimal glands. Under the influence of acromegaly these glands must be hypertrophied, as well as other glands of the body. The proper balance of their secretion must be upset, and is what so frequently gives rise to this display of *les grandes-eaux*.

CHAPTER IX

NASAL TROUBLES

Colds in the head at age of thirty — Postnasal catarrh — Influenza in 1890—Turbinectomy in 1898—Over-secretion of nasal mucus—Douching nostrils.

My nasal troubles, which have been second only to my ocular troubles in their importance, extended over a period of twelve or fifteen years.

Up to the age of thirty I had not been more subject to colds than anyone with average good health. I used generally to have a cold in the head about twice a year, which lasted four or five days, and which was sometimes accompanied or followed by a cough. It was never bad enough to keep me indoors or to interfere with my work. But when I was about thirty years old I noticed that I was becoming, or had become, most susceptible to colds in the head. I seemed hardly ever to be free from them. No sooner had I got over one than I would catch a fresh one. I would catch cold three or four times in one week. The slightest exposure to the draught from an open door or

window was enough to start the evil, and I could feel it coming on within a few minutes. This keen susceptibility of mine to draughts, besides being a great trouble to me, was often looked upon as a nuisance by some of my more intimate friends and relations.

For a while I looked upon myself as a victim to postnasal catarrh. This was a term which had recently come into vogue, invented by the laryngologists, who were then a new class of specialists (1887). Innumerable were the troubles of which this new disease was looked upon as the cause, and I very readily fell into the way of thinking it must have a great deal to do with my headaches and neuralgia. The worst time for me was always in March, when the east winds caused so much dry dust to blow about, a great source of irritation for the mucous lining of my nose and throat.

These colds in the head became very much more troublesome and constant after I had influenza in 1890. When that scourge was at its worst in London, on January 4, I was attacked by it, and had to remain in bed for three days, with a temperature of about 101·6°. This was the first time any illness had kept me in bed since I had the measles in 1869. I made the mistake of treating the matter too lightly, looking upon it as nothing more than a severe cold, and I began to go about much too

soon, and with the object of getting as much fresh air as possible I did a great deal too much walking, and over-fatigued myself several times when I was still in a very weak condition. The result was that I picked up my strength very slowly, and for many months I kept having what I thought were relapses, or fresh attacks of influenza. I went about my work all the same, only lying up once or twice for a day.

For two or three years I thought I was never going to get over the effects of the influenza. The slightest exposure or fatigue seemed to give me a cold. Some of my friends wondered what was the matter with me, and Dr. Rendel, who saw me on several occasions when I had these queer attacks, has told me since that he was always puzzled by the erratic way in which my temperature would rise, and thought that it could not be accounted for by influenza.

These constant colds, and the aggravation of my neuralgia when I was in this state of debility after influenza, quite knocked me to pieces, and took all the 'go' out of me. For the second time I threw away what to a man with the proper amount of spirit in him would have appeared a first-rate chance, and refused an excellent offer. My brother-in-law, E. T., who was then holding a very good appointment at Calcutta, wanted me to go out and set up in practice there, as it happened that just then no



Photo, ELLIOTT & FRY.

Age 25.



Photo, ELLIOTT & FRY.

Age 56.

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civilian was practising in the place. He felt confident that there would be a fair opening for me, that he could easily introduce me to his numerous friends, many of whom would be glad to see a doctor established there who did not belong to the services. It was also thought that my knowledge of the French language would soon get me a footing amongst the large Greek community and the foreign merchants established there.

One or two of my friends thought it strange that I should decline to go, and wondered how I could throw away such a grand opportunity of doing something better for myself.

But I felt it was quite impossible for me to go ; I dreaded the journey out, and especially the tropical sun after my experience of it. I felt how incapable I should be of bearing the heat and the glare if I had to go out at all times of the day for my work, and I feared that after a very short time I should be sent home quite broken down. I remember some of the miserable nights I spent about that time when I went to bed with a racking headache, and thought how much worse off I should be if, instead of being in London, I were at Calcutta, lying in bed, while the temperature was 90°, and while there was a punkah flapping away just over my poor head, making night hideous!

I felt it was quite impossible for me to go,

and had no hesitation in writing to decline the offer.

In 1897 my nose became most troublesome. Catarrh was incessant, and I could not say which were most at fault, my eyes or my nostrils, and whether they reacted upon each other.

April 3.—When I was at Broughton for a few days' holiday, there occurred a typical instance of the ease with which I used to catch cold, and the inconvenience which followed. I had started one morning after breakfast for a bicycle ride with my cousin. We had not gone half a mile, and I had not had time to get warm, when something went wrong with his machine, and we had to stop for about twenty minutes on the highroad on an exposed spot, where a keen north-east wind was blowing. The cold wind seemed to go through my very skull and almost to stupefy me. At the time I thought it quite extraordinary that I should feel the cold so intensely when it was not even freezing, and that a few minutes' exposure could do me so much harm, for it was followed by such discomfort in my head that my enjoyment of the country during the next few days was quite spoilt.

I lived for a time with a constant cold in the head, and was obliged to use many handkerchiefs each day, as they were so soon drenched with the secretion from my nostrils. This was sometimes

very thick and viscid, and then I could only get it out of my nose with difficulty, as it blocked the passage, and forced me to breathe through my mouth. The mucus always seemed to come from very far back, probably from the ethmoidal cells. Sometimes it was only after several violent efforts to blow my nose that I could succeed in expelling it, and then, after much discomfort, several drachms of viscid mucus would suddenly shoot out, apparently from some cavity, and leave me with a great sense of relief. Then I would be comfortable for a few hours, until the same thing was repeated. It might have been compared to the action of an intermittent spring emptying itself at regular intervals. Could it have been that one, or perhaps several, of the air cavities at the base of my skull got periodically filled with this thick mucus, and that it was only when it began to overflow that a violent expiration would succeed in moving it, and that once the flow was started, the whole of the contents of the cells was sucked out in a mass, leaving them empty ?

My nights were then very bad. After lying down about two hours I invariably used to find my nose quite blocked up, and was obliged to sit up so as to clear it. Sometimes I would awake suddenly with what I called the 'night horrors,' probably when I had fallen asleep with my mouth closed.

Many were the remedies which I tried, both local

and general, but they had little or no effect. For a long time I used inhalations of nascent chloride of ammonium, then of various aromatic compounds—cubebs, tincture of benzoin. I tried several applications of bismuth, carbolic acid, tannic acid, alum, nitrate of silver.

I found almost invariably that astringents only made matters worse, and I developed quite a horror of them. Whenever I used any astringents to my eyes I had the same experience.

The various drugs which I took on some occasions, such as quinine, arsenic, iron, had no influence whatever. I did not get any benefit from the waters of Aix-les-Bains on two different occasions when I had the opportunity of going through a course.

The only real relief or benefit which I ever got from any treatment was from the application of the electric cautery to the mucous membrane of the turbinate bones. This caused the redundant mucous membrane to pucker, and gave me more breathing room after the scars had shrunk.

'1897. *September* 23.—To see Dr. J. B. 'Ball in the morning about the discomfort I 'was suffering in the left nostril. He electro-'cauterized the left inferior turbinate bone.'

'*October* 4.—To Dr. Ball in the morning, 'and he cauterized my left inferior turbinate 'bone for the second time.'

'*December* 4.—Dr. Ball operated on my left 'inferior turbinate bone, removing greater 'portion of the spongy tissue, and a thin strip 'of bone with a spokeshave. Dr. Rickard Lloyd 'gave me gas. I lost very little blood, and had 'no pain afterwards.

'*December* 5.—Indoors all day after opera-'tion. Got up at one o'clock, and to bed early.

December 6.—Stopped indoors. Already 'felt that my left nostril kept more open, and 'only got closed when there was a collection of 'discharge. Dr. Ball came and syringed out 'my nose.

'*December* 7.—Went out a little in the after-'noon.

'*December* 8.—Went to see Dr. Ball in the 'morning. With a snare he removed a tag of 'mucous membrane near the edge of the wound 'in the left nostril.'

'1898. *April* 23, *Saturday*.—Dr. Ball re-'moved part of my *right* turbinate bone. Dr. 'Lloyd gave me gas at 3.30. At seven o'clock 'I gave a sneeze, and the part bled a good deal.

'*April* 24, *Sunday*.—Laid up after opera-'tion on right turbinate bone. Only came 'downstairs to lunch. To bed early. Dr. Ball 'came. Felt very weak, and slept most of the 'day.'

'*April* 26.—Did not go out.

'*April* 27.—Went out in the morning and 'afternoon. Feeling rather weak. Have a 'small amount of blood-stained mucus coming 'from nose.'

I lost some 10 to 15 ounces of blood on April 23, a few hours after my second turbinotomy was performed. This ought to be a lesson to one never to make too light of any operation. Some months previously, when I had the operation on the left side, all went off so smoothly that I was expecting the same thing when the other side was tackled. It would have been wiser to have had a nurse, or some responsible person, to look after me for a few hours after the operation. It happened that when Dr. Ball and Dr. Lloyd went away about four o'clock in the afternoon, leaving me comfortably in bed, I went off into a sound sleep. My bedroom was on the second floor, and there was no one else in the house but the two servants who were down in the kitchen. It was seven o'clock before I woke up, and then, feeling a little irritation in my nose, I could not stop myself from giving a violent sneeze. Blood began at once to pour from my nostril. I had some difficulty in introducing and distending a small india-rubber bag with which I was provided, to plug my nose in case of such an eventuality. I jumped out of bed, and crossed the room to ring the bell for the servant. This, of course, must have made matters worse. The blood flowed all over the sheets and the carpet, and my face by contrast must have looked extra pale. The sight was quite enough to frighten the servant, who could hardly

listen to my instructions to tell the cook to go at once and fetch a nurse I knew who lived a few doors off. The hæmorrhage stopped after the first gush, and I was quite comfortable again by the time the nurse came. I think she must have thought it strange that I should not have wished her to stay and see me quite through my trouble, but she happened to be one of the garrulous sort, and as there was practically nothing for her to do, and as she, no doubt, imagined that I wanted cheering up, she set to work talking most volubly. Unfortunately Nature had not favoured her, like Cordelia, with that excellent thing in woman—a voice that was soft, gentle, and low. The loss of blood made me feel extremely weak, and incapable of bearing any noise. I longed to be left quiet, so, after about an hour, I had to let the nurse depart, telling her that now the bleeding was over the servants would be quite able to look after me.

The result of these two operations on the turbinates proved to be most satisfactory. I felt almost at once that it was easier to breathe through my nose, and that the passage was clearer. The improvement went on for several years. I gradually lost the habit of catching colds in the head on the slightest provocation. The excessive secretion of mucus ceased to be a nuisance, and diminished to such an extent that sometimes I could go the whole

day without having to use a handkerchief for my nose.

No doubt I have helped to keep up a better condition of my nose by continuing to wash it out every night before retiring to bed with a warm solution of soda, borax, and chlorate of potash. For some time I added to this a portion of table-salt, but I replaced it afterwards by sugar, which I found a great improvement, and much more soothing. I have now used this mixture most assiduously for some twelve years, and after various experiments I have fixed upon the following proportions for mixing the powders :

Sodii bicarb.	} āā ʒi.
Sodii biborat.	
Potass. chlorat.	ʒfs.
Sacch. alb.	ʒifs.

I always have a large bottle of this in my room, and at bedtime I dissolve about half a teaspoonful of it in a tumbler of warm water, and then sniff as much of it as I can up each nostril, getting it to pass through my posterior nares round the back of my soft palate, through my mouth, and thence into the basin. It was rather a trouble at first, but with habit I have trained myself to go through the proceeding with a minimum amount of effort, and always succeed in washing out a quantity of sticky mucus with a proportion of the London dust which I have

inhaled during the day. I continue to hawk this out for a few minutes while I go through the ordinary process of using the tooth-brush, and this helps to stimulate the flow from the nostrils. After I have thus cleared out the frontal and other sinuses of the head, a sense of comfort in my head is produced, which greatly facilitates my getting off to sleep. I am also able to breathe the whole night through my nose, although my mouth remains slightly open on account of the teeth being pushed apart by my enlarged tongue.

When I have a bad cold, about once every six months, with thick muco-purulent discharge from my nostrils, I douche my nostrils in the morning as well as the evening, and during the daytime I spray them with a solution of listerin. This enables me to cut short the duration of a cold very considerably, so now I do not find it such a plague as formerly.

The question of removing portions of the turbinate bones has given rise to a deal of controversy during the last few years, and some specialists maintain that if the soft parts are properly dealt with it can never be necessary to cut away any of the bone.

Personally I feel very strongly that it was necessary in my particular case, and that the right treatment was carried out. When my nasal catarrh or nose trouble was at its worst, all the bones of my cranium were becoming abnormally enlarged and

thickened. At the same time I was continually finding that my hat was too small for my head, and my lower jaw was markedly growing bigger.

The turbinate bones, and perhaps the left one more than its fellow, must also have been affected by this inordinate growth, and helped considerably towards blocking the air-passages, so that it could not have been possible to give me the proper relief merely by removing portions of mucous membrane and erectile tissue.

The bones forming the nostril were also subjected to a great deal of pressure from the surrounding parts during their growth, and their displacement and distortion were probably important factors in the blocking.

CHAPTER X

LETHARGY

Dozing — Drowsiness — Exhaustion — Fatigue — Hebetude — Hypersomnia — Inactivity — Languor — Lassitude — Lethargy — Listlessness — Napping — Sleep — Sleepiness — Slothfulness — Sluggishness — Slumber — Snoozing — Somnolence — Tiredness — Torpor — Unconsciousness — Weariness.

'Of my selfe, I am not much given to melancholy, but rather to dreaming and sluggishness.'—MONTAIGNE, bk. i., ch. xix.

I AM quite embarrassed by the richness of our language in terms which I might use in speaking of a condition which, 'compounded of many simples,' affects me in many ways and at many times.

Drowsiness and tiredness, two thoroughly English words, seem the most suitable, although the word 'lethargy' is the one most often used in medical textbooks.

A marked change took place in my habits when I was about twenty-four or twenty-five years old. I began to have a great difficulty in rousing myself in the morning, and seemed always to be having my deepest sleep just when it was time for me to rise.

This was all the more noticeable, as up to the age of nineteen or twenty I had been a decidedly early riser. It had never been any trouble for me in the mornings to have my breakfast and walk a mile to my school in good time for the classes which began at eight o'clock, and on Thursday mornings, when there was always a holiday in French schools, it was quite a common thing for me to rise still earlier, so as to take the dog for a run on the seashore or go and look at the troops exercising on the Champ de Mars.

The abnormal amount of sleep which I seemed to desire or require, became very obvious when I was house-surgeon at the Richmond Hospital in 1882. I have a vivid recollection of some arguments which I had on the subject with the matron, Mrs. L., who used often to remark that it was quite unnatural for a fellow of my age (I was then twenty-seven years old) to want so much sleep and to be so drowsy of an evening. I used to tell her that the hospital was in such a damp, relaxing place, close to the river, that I had never felt well since I went there. She was a sensible person, with much experience of the world, the widow of a naval surgeon, and looked upon it as a duty to speak out her mind. Our arguments on the subject generally ended in her telling me that even if the place did not agree with me, I ought, at any rate, to pull myself together, and not

give way to such an influence, that I should face my work in the same spirit as do many men who are sent out to unhealthy parts of India or elsewhere with a duty to perform. Although I spent a year at this hospital, during which I was only laid up for a couple of days with a septic sore throat, I believe that my general health was just beginning to be affected, and that if this drowsiness, or what Bottom the Weaver called 'an exposition of sleep,' came over me so frequently, it was not because, like him, I was appearing with an ass's head upon my shoulders, but because my skull was undergoing certain changes, and had already assumed some of the characteristics found in that of a gorilla.

Then came a change, and, between the ages of thirty and forty, I went through a period of bad nights. This was when my headaches and neuralgia were at their worst. There were many nights when I was in such discomfort that I could only get a few short snatches of sleep, and rose in the morning feeling that I had not slept at all.

It was a time when I must have been suffering from the same complaint as a lady that I met at a hotel at Aix-les-Bains, who confided in me that, although she had been under the treatment of several eminent physicians in London, they had all failed to find out what was the matter with her. Each one had treated her for ordinary sleeplessness,

and, of course, had done her no good. But since she had been under the care of the famous Dr. Brachet, at Aix, she was rapidly getting well, for he quite understood her case, and, in fact, was the only man who had discovered what her complaint was. My curiosity was naturally roused, and on my inquiry she informed me that Dr. Brachet had told her that hers was a case of 'true insomnia'—*la vraie insomnie.*

During the last ten or twelve years I have been going through a different phase.

I have several times a day been oppressed by an extreme sense of fatigue, which comes over me in a most unaccountable way. It is not a sequence of any exertion or work, but it affects me even when I have been having plenty of sleep during the night.

Sometimes it is quite overpowering, and I am forced to seek refuge in an armchair, and make up my mind to have half an hour's sleep. This is by no means an unpleasant feeling, when I have the means of resting, and know that I can 'be left alone,' and, like a snail, draw in my horns and retire in my shell.

Then there is the frequent drowsiness which comes over me when I am reading. This seems to be somehow connected with my asthenopia.

Of late years I have managed to get this lethargic

condition much more under control, and, although still very much troubled by it, I have been able to regulate my hours of sleep. I give way, when necessary, at certain times of the day, and take a short nap. By so doing I manage to get through my daily routine more easily. I certainly get more sleep than a healthy man requires, as I now sleep on an average nine hours out of the twenty-four, but by giving way and making up my mind, when I can, to get a short snatch of sound sleep, I find that, when I am awake, I am no longer so much inconvenienced by the drowsiness.

This sleepiness is at times quite overpowering. It nearly always comes on when I am travelling in a train, and I then wonder how much it is brought on by the vibration or shaking of the carriage, or how much it is due to my being shut up in a close or vitiated atmosphere.

When I feel drowsy I can most often retain sufficient consciousness to enable me to rouse myself when I want to. For instance, if I travel in a train, I am always awake when the moment comes for me to get out. I do not remember ever overshooting my station.

After luncheon, when I sit in an armchair to doze for an hour or more, I generally hear the clock in the room when it strikes, and I can count upon being awake at the moment I want to for any

engagement or business. The power of doing so is a great comfort to me, as it enables me to deliberately settle down and have the proverbial forty winks when I like, knowing quite well that I shall feel all the better afterwards.

I often go to sleep sitting on an upright chair, without having any support for my head. There are times when the drowsiness is so great that it is no exaggeration to say that I should go off to sleep even if I were sitting bolt upright on a music-stool.

In my earlier years I used to be very fond of sitting perched up on the knife-board seat by the driver on the old-fashioned omnibus. It is a wonder that I never fell off, as many a time I found myself swaying, and suddenly had to pull myself together not to go off to sleep. This used to happen at any time of the day. I thought it was due to indigestion or 'liver.' At last I was so afraid of falling off that, much to my regret, I had to take a safer seat on the omnibus.

For a long time I have noticed that the amount of sleep which I get during the day—something like two hours—does not affect my night's rest.

In fact, I have frequently looked upon an hour's snooze in the evening, say from nine to ten, as the best preparation for going off quickly to sleep when I get to bed at twelve o'clock.

This is especially the case when, during the day

I have been going about very much in a train or carriage, and have had to undergo much shaking or jolting.

The strangest feature of all seems to me the intense feeling of fatigue by which I am often oppressed, and which comes on without any reason, quite independently of bodily or mental exertion. Although I may have been very quiet, I may feel more tired and weary than in my early days I used to when I reached home after a twenty-mile walk. I always had the feeling then that, if necessary, I could start off again and do a few more miles. The fatigue was also accompanied by the healthy sensation brought on when the skin and other excretory organs have been hard at work, and also by the mental satisfaction of feeling there was something accomplished, something done. Of course the heart was young in those days, and there was no suspicion of hypertrophy or irregularity about it.

CHAPTER XI

NOISES IN THE HEAD

Three varieties—Tunes running in the head—Fondness of Music.

DURING the last ten or twelve years I have been subject to noises in the head, always very slight in character, and causing me so little inconvenience that I hardly like using the word *tinnitus* in speaking of them. They have never been loud enough to interfere with any other sounds going on near me, or to be a handicap in conversation or on other occasions when the sense of hearing comes into use.

I have noticed variations in these sounds, and, after careful observation, I have been able to recognize that they form three distinct groups or classes.

First, there is a continual, seething sound, very slight in degree, like that of a kettle boiling, or the fermentation of yeast. The greatest characteristic is its persistency. It never ceases while I am

awake, and I am aware that it is going on even if I wake up in the middle of my night's sleep. It has become part of my normal condition. It never varies in its note, and is quite unaffected by any posture I may be in, by the absorption of any food or drink, by fatigue or rest. It is not connected more with one ear than the other, but seems quite inside my head.

Secondly, a louder noise or a medley of sounds, all of a fizzing character, reminding me of the effervescence of a Seidlitz powder, or the foaming of the waves on the seashore when the tide is coming in. Several different notes can be detected, with frequent variations, seeming to come from all directions. Like the first, this noise is never overpowering or sufficient to interfere with my hearing any talking, music, or the sound of the traffic in the street. It only troubles me for a short time, about half an hour or an hour. It is most likely to come on when I am tired or after I have had to undergo some exertion. I am more subject to it in the winter and early spring, when my nasal catarrh is most troublesome. It may then come on two or three times in the same day, or several times in one week. It passes away after I have rested, after a meal, o when I have had a good warming by a fire. It is no doubt a sign of my being below par, or of my having caught cold.

Thirdly, sometimes I notice a most peculiar, sharp, shrill noise in my head, which I might compare to the buzzing of a small gnat. Its note is very highly pitched, and always seems to be the same. It lasts from fifteen to thirty seconds. I have frequently been able to time it, but have never noticed it to continue for more than half a minute. It always begins and ends quite suddenly, and is as clear and steady as the sound of an organ-pipe when the key is struck *staccato* by the finger. It is so shrill that the other fizzing sound (No. 1), which always goes on in my head, is overpowered; for the moment it lasts my attention is entirely taken up by it.

I only observe this last sound occasionally, and it comes on in the most capricious fashion, perhaps two or three times in the same day, sometimes at intervals of two or three weeks.

I have never been able to connect its advent with fatigue, exposure to cold, errors of diet, or any particular movement or position of my head.

Sometimes I notice it when I have been sitting quietly in an armchair for an hour or longer. I have been surprised by its coming on when I have been lying awake in bed, and then, in the stillness of the night, it has seemed wonderfully clear and shrill. The most remarkable characteristic of this noise is the erratic way in which it makes its appearance.

Tunes Running in Head—Fondness of Music.

Besides the noises which I have described as occurring in my head, and which I can only attribute to a morbid condition, I am aware that I always have some tune running in my head. It is a constant obsession, if I may use such a term for what is by no means an unpleasant phenomenon, for I am never able to detect any cessation during the hours when I am awake.

Most often it is but a fragment or a few phrases of a tune that I am familiar with, or which I have recently heard played on the piano, at a concert, or perhaps on an organ in the street. The tune is generally one quite independent of my choice. Sometimes I become too conscious of it if it is not one to my liking, and then I try to drive it out of my head and get it replaced by some old favourite.

Although generally a few bars of an air keep getting repeated over and over again, sometimes I run through a whole tune, or go through the familiar parts of an opera. This may go on for several days after I have attended the performance of some favourite opera. My head remains full of it, and one air after another runs on, or two or three different airs may be all jumbled together, forming a regular *pot-pourri*.

I fortunately realize that this perpetual obsession

is really a most pleasant one, so naturally I encourage it, as I am very fond of music, and perhaps old-fashioned enough still to have a taste for music with plenty of melody.

I often try to keep a control over this matter, and since I am the one who alone is affected by it, I sometimes try to call the tune. But this is not always easy, and I may become worried by the persistent manner in which over and over again some tune runs on which I object to—one, perhaps, which I have recently heard massacred on the piano by a bad performer, or distorted on a street-organ.

My appetite for music has increased very much of late years, and I crave to be given 'excess of it.' This has seemed to me so obviously *pari passu* with the steady advance of my malady that I often wonder whether it may not be a manifestation of acromegaly. Can it possibly be a part or a phase in the course of the disease, just as the craving for food, which is a well-recognized symptom, and which at one period was, if not a predominant, at least a subordinate feature in my own case?

In the nomenclature of diseases acromegaly finds a place amongst the diseases of the organs of locomotion. The wisdom of this would be seen by anyone judging my own case by the weak condition of my legs and the trophic changes in my toes.

I have heard it mentioned that in the human brain there exists a connection between the centres which regulate motion and the sense of sound. A proof of it is supposed to be seen in the way in which the sound of the rhythmical beats on a drum influences the soldiers' legs during a march, and the relief from fatigue and fresh energy induced when the band plays.

My fondness for music is more than an æsthetic taste. Often has it come to my rescue when I have been feeling very ill. Its soothing effect is always to be relied on.

When I am overpowered by the extraordinary sense of fatigue, oppressed by a headache, or under the influence of 'the acromegalic state,' if I were asked to choose between taking a dose of antipyrin or listening to a sonata of Beethoven, I should have no hesitation in asking for the latter. I know that it would soon 'put me right,' and that in less than twenty minutes I should be feeling quite comfortable, that the head trouble would have been charmed away.

I am most readily influenced by orchestral music, and there are times when it has such an effect on me that I seem not merely to have the pleasure of listening with my ears to a concourse of sweet sounds, but to be absorbing them with my whole body. My whole nervous system seems affected, and all the senses seem gratified at once. No

doubt the thickened and enlarged bones of my skull are excellent collectors and conductors of sound, and my head must be abnormally sensitive to the vibrations of the instruments.

This enjoyment of music acts as a great compensation for the many annoyances which have to be put up with daily, such as the din in the streets, the rattle of trains or omnibuses, the shrill or harsh voices of some of one's fellow-creatures, to all of which one's cranium has become extra sensitive.

In connection with this passion for music I ought to mention my fondness for dancing when I was between twenty and thirty years of age. This was at its maximum when I was going through what I look upon now as the restless, or irritable, period of my malady, when I seemed never able to get enough movement or exercise. I cannot help thinking that I was abnormally influenced by the rhythmical sounds of the music and the accompanying bodily movements, and that when I indulged in these terpsichorean pastimes my brain was excited by something more than the mere social surroundings, or the pleasant company I may have been in.

CHAPTER XII

PHYSICAL CHANGES

Hands—Feet—Head—Jaw—Tooth trouble—Enlargement of Tongue.

THE name of acromegaly (big ends) was given by Dr. Pierre Marie to this disease on account of its most apparent signs, those which anybody can observe, such as the large feet and hands, and also the big jaw, which, by altering the shape of the face, produces the characteristic type.

I have already said that, judging from my own case, although the changes which have taken place in my frame must now be quite obvious to my friends, and even to 'the man in the street,' their importance seems but small when compared to that of the headaches and other head troubles which are only perceptible to the patient himself, and tend to make his life a misery.

These physical changes, like the other early symptoms, are most insidious in their onset. They were hardly observable in me for some ten or fifteen

years, and even for a long time after I had noticed that there was some enlargement, I paid little or no heed to the matter.

Since I have known the importance of these changes as a proof of a definite disease, I have looked back into the past, and been able to remember many interesting facts connected with the steady growth of various parts, proving what a long time the disease has had hold of me.

Hands.

When I was about twenty years old I was favoured with small, well-shaped hands, such as might be the pride even of a Bond Street manicure. I then wore gloves of a size marked $7\frac{1}{2}$, which is indeed small for a man six feet high. Since then the size of the gloves I wear has gradually increased to $9\frac{1}{2}$.

I was about thirty-five years old when I first noticed that my gloves were almost always too tight for me, and it was then that my hands must have been growing bigger. I used to find that the thick, warm gloves which I put on one side in the spring were too tight for me the following winter.

On one or two occasions during the last thirty years when I have attended a funeral I have been presented by the undertaker with a pair of black kid gloves, which, on reaching home, I have thrown into one of my drawers. Strange to say, whenever,



SKIAGRAM OF RIGHT HAND.

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after an interval of time, I have had occasion to use these gloves again, I have found that they were too small for my hands, and it has been a source of wonderment to me how kid gloves lying by in a drawer could apparently shrink so much.

My hands have increased in size very obviously during the last ten years. Two or three years ago, never having been cured of the habit of frequently going about with my hands in my trousers pockets, I was obliged to get my tailor to make the openings into them seven inches long instead of the universal regulation size, which he informed me was six inches —a handy measure (by the way) which we generally have with us.

I have also observed that in some of my surgical instruments, which I have had a long time, such as scissors, polypus and artery forceps, an ear syringe, and especially a tonsil-guillotine, the handle or rings are now too small, and prevent my using them as deftly as I might.

When I first noticed that my hands were bigger I presumed that it was due to my habit of using dumb-bells two or three times a day.

My hands vary in size at different times. They are largest when I am in the 'acromegalic state.' They are smallest early in the morning before I rise. They were obviously smaller than usual a few years ago, after I had been confined to bed for a week

during an attack of phlebitis of the leg. The difference then was remarked upon by several people who saw me.

An obvious peculiarity is the length and flexibility of my thumbs. This seems to give me an unusual power in grasping, in spite of my weakened muscles.

The two hands are both symmetrical, with the exception of the right middle finger, the proximal phalanx of which is slightly larger than that of the left.

The principal change is in the length of the fingers, the breadth of the knuckles, and the pads under the finger-tips. This last is very striking when a side view is taken of the fingers (one seldom seen in photographs of patients' hands), producing somewhat the appearance of drumsticks.

Feet.

I remember that in the year 1876, when I was twenty-one years old, my left foot was distinctly larger and longer than its fellow. It was my first year of studentship. I was going to a new boot-maker, and I was much annoyed because he always made my left boot too tight, so I insisted upon his taking the measure of the left foot before making me a new pair. When the difference of measurement was discovered, I jumped at once to the conclusion that the left foot was over-developed on account of all the fencing which I had done during the two



A SKIAGRAM OF THE RIGHT HAND (SIDE VIEW).

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previous years. When one is fencing the whole weight of the body is on the left foot; all the lunging and recovering one's position is done with the left leg. The two limbs, although actively employed the whole time, have a very unequal share of the hard work. With the upper limbs, of course, the right has the greater share of work.

Although I am inclined to believe that my acromegaly first troubled me in 1879 (at twenty-four), yet it is quite possible the cause of the evil may have been there in 1876.

I have had many proofs of the steady increase of my feet, both in the numerous boots and shoes that I have been obliged to discard because they were too tight, and in the altercations which have arisen with bootmakers who think too much of the appearance of their boots and too little of comfort.

Excessive growth must undoubtedly have taken place in my feet, more, I believe, than at any other time, between the summers of 1900 and 1902, and yet I was not conscious of it. The fact is almost pathetic in its strangeness.

I went for a trip to Switzerland both those summers. The first time I started with a very well-fitting pair of mountaineering boots. They answered capitally; the only fault I found with them was that they were new, and consequently very stiff during the first few days I was amongst the mountains.

When I got to Switzerland the second time, exactly two years after, I congratulated myself upon my being able this time to start walking at once with thoroughly comfortable boots, which had been properly 'broken in.' But after a few days it dawned upon me that these same boots were now too short for my feet. Many a time when resting on the mountain-side did I scrutinize those boots, wondering what changes could have taken place in the leather while lying by for two years, seeking for any explanation but the obvious one—viz., that my feet had grown longer during that time.

I have thought since that this is on a par with a fact mentioned by Sir James Paget before a Commission on Vivisection. He described how a South Sea Islander was given an old pair of boots by an English sailor, and as he was anxious to wear them, but found them too short, he deliberately chopped off his two big toes so as to accommodate matters. The fact was mentioned as an illustration of the small importance attached to pain by the less civilized races.

The whole foot is uniformly enlarged, but the growth is most striking in the broadness of the heels and in the tips of the toes. The big toes are round at the tip, and have the appearance of bell-clappers. This enlargement makes it difficult for me to get boots with the ends sufficiently 'dome-

shaped' for my toes to have plenty of room and not be unduly squeezed, a great source of discomfort to me in the winter, when my feet are often in a state of local syncope.

Head.

I have had at different times to discard my hats, which I have found 'grown too small' or too tight. Straw hats have for many years been a trouble to me. I have generally found a difficulty in keeping on the ordinary flat sailor hat, and it affords me insufficient protection for my eyes from the light or glare of the sun. A few years ago, when there was a rage for Panama hats, my hatter persuaded me to indulge in one, telling me it would last me several summers, and I did so, all the more readily as I thought that by turning down the soft brim I should get the protection for my eyes which I always wanted so badly. But my abnormally large head required an unusually large hat, and I had to pay a corresponding price for what proved a very bad investment, for the following year, in spite of reblocking and stretching, I found I could no longer wear the hat.

Jaw.

I suppose that the increase in the size and pushing forward of my lower jaw is the most characteristic sign which I have of the disease. Of the physical

signs it is also the only one which at any time has caused any interference with my general health. This was when my teeth ceased to be in proper apposition, when there was no longer what the dentists call a good 'bite,' so that mastication was interfered with, and my digestion suffered in consequence for some two or three years.

After having my upper and lower jaws in their proper relationship, the lower one must have got in advance of the upper one about the year 1886 or 1887, when I was just over thirty. I remember very well suffering from indigestion at that time. I found that I could not chew cold meat, I used to avoid soft bread, and preferred eating some crisp toast or biscuits, something which I could break up or crumble in my mouth without having to grind it. I got all sorts of fancies about what agreed or disagreed with me.

Somewhere about this time Dr. Freeman made the remark that I had such a funny way of chewing my food, and that I was so very slow about it.

I got the reputation amongst my relatives of having a very poor digestion, and of being extremely fanciful about my food. I quite understand now that it was at that time quite true.

For a while the only way I could do any mastication was by breaking up my food between the front of the upper incisors and the back of the lower ones.

Plate VII.



A photograph of the left side of a cast taken of my teeth in November, 1911. It shows how the relative positions of the upper and lower teeth have become altered by the growth of the mandible, and how the 'bite' has been lost. To remedy this a denture is worn, fixed over the upper molars and filling up the gap between them and the lower molars.

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This caused the upper front teeth to slope slightly backwards, and they have continued to do so ever since.

Another peculiarity worth observing, which happened at the same time, was the difficulty I gradually found in whistling. I was very proud of this accomplishment when I was a boy, and long after I was grown up I used to whistle duets with my sister. My whistling powers gradually disappeared in the most mysterious manner when I was about thirty years old.

Toothache—Extraction of Tooth—Discovery that I had Acromegaly—Denture.

1892. During all the summer I was troubled with toothache and faceache. I saw Mansbridge and Carpenter Harris several times (August 22, 24, 25, 31). The trouble all seemed due to the second left upper bicuspid, which had a large cavity which had been stopped some ten years before. Harris found that this was now full of a deposit of secondary dentine, which extended upwards and surrounded the nerve. He said it would account for all my pain and trouble, and advised the extraction of the tooth.

On September 7 I was in such pain that I got my friend Lloyd to give me gas at Harris's house, and rejoiced to think that all my pain was soon going to end. I took the gas all right, but Harris told me

afterwards that he hardly remembered having to extract such a firmly fixed tooth, and that he had to use his utmost strength. This, he said, was due to the whole fang being also coated with secondary dentine.

It was on this memorable occasion that a great discovery was made. When Lloyd was fitting in a gag, preparatory to giving me the gas, he noticed the peculiar arrangement of my teeth and the extensive underhanging of the lower jaw. He has told me since that he came to the conclusion then and there that I was suffering from acromegaly, and pointed it out to Harris at the time.

For several days after parting with my tooth I can hardly tell how pleased I felt that now my head and face troubles must come to an end. Alas! it was but a delusion ; I shortly realized that the condition was not much improved.

One more head of the *Hydra* cut off, soon to be replaced by another.

A new chapter seemed to begin for me after Harris noticed the condition of my mouth. He found that I was certainly underhung, although the small facets worn on the front of the lower incisors were proofs of my having been naturally overhung some years before. He found that I had little or no 'bite,' the only teeth that came into apposition being the two left canines, so there was absolutely no

grinding power. The wonder was how I had been able to masticate at all, with about one-quarter of an inch space between my grinders! My teeth as a whole were in very good condition and harder than the average, and were all still in my mouth with the exception of two upper bicuspids. I had lost the corresponding one on the right side when I was sixteen or seventeen years old.

Harris now advised me to have a denture made to wear over the upper teeth, so as to fill up the space between the upper and the lower teeth, and give me a new grinding surface. He ground down the points of the canines, so as to allow the teeth to come nearer together, and took a cast of my mouth and fitted me with a vulcanite capping, which I was to wear over the upper molars and bicuspids, and which filled up the gap between their crowns and the crowns of the lower teeth.

> '*September* 21.—Harris fitted me with a 'vulcanite capping over my upper molars.'
>
> '*December* 1.—Harris fitted me with new 'denture, with metal pieces let in.'

I soon got accustomed to wearing the denture, and have now worn one for sixteen years with slight modifications, as my mouth has altered. I noticed very soon the remarkable improvement in my powers of mastication, and subsequently in my digestion.

Malposition of Teeth—Want of Apposition.

There are two facts connected with my teeth which are quite a contradiction to the ordinary received notions about teeth.

1. It is generally thought that when teeth are covered up by a tooth-plate or denture they become much more liable to caries, that they soon become useless, and have to be removed.

This has not been the case with mine. My upper back teeth have now been covered over with a denture for seventeen or eighteen years, and are still as sound as ever.

2. The other popular idea is that it is only when teeth are in constant use and properly opposed to each other during mastication that they will keep healthy, otherwise they will become displaced, and be liable to fall out, on account of a diminished blood-supply.

Some twenty-six or twenty-seven years ago, when I became underhung, my upper front teeth parted company with the lower ones, because my lower jaw became prominent. The only use they are to me now is to bite a piece out of some soft fruit. On account of my large tongue, I sleep at night with my mouth partly open, and the front teeth are exposed to the chilling effects of the night air.

The teeth have, however, remained quite sound.

Enlargement of the Tongue.

I look upon this as a very important symptom, although in the descriptions of acromegaly in English textbooks of medicine I have not seen it mentioned. Dr. Pierre Marie said it was characteristic of the disease, and told me of an incident which happened to him in a train when he entered into conversation with a fellow-passenger who was sitting opposite him, and whom he had diagnosed as an acromegalic. He happened to be a medical man, ignoring what was his complaint, and was much surprised when, after a few minutes' talking, Dr. Marie told him his tongue must be enlarged. He happened to have already discovered that fact for himself, but wondered how a stranger in the train could have known it.

The enlarged tongue, being too big for the mouth, is bound to press backwards on to the soft palate and uvula, and so obstruct the breathing.

It fills up the mouth, and interferes with the freedom of mastication. I cannot say how it interferes with speech or enunciation, but I am inclined to think it must, and that it causes the sound of the voice to be altered and harsher.

I think my tongue must have grown about the year 1888 or 1890, when my jaw increased so much

in size. I do not think there can have been much increase the last eight or nine years.

I always have to sleep with my mouth slightly open, although I generally breathe through my nose. When lying down the lips are apart, the upper and lower teeth are slightly separated by the tip of the tongue.

CHAPTER XIII

'MY BLACK WEEK'

Crisis in the disease (?).

THE most terrible time I have ever passed through in my life was a week, either in the year 1893 or 1894, in the month of October, as far as I can remember. There is no note in my diary which will enable me to fix the exact date. No doubt I neglected it because I was so ill at the time.

My headache, faceache, eye-strain, nasal obstruction—all seemed to reach a climax at the same time, and to knock me up completely. For some seven or eight days I hardly was comfortable for a moment, and part of the day I was in a state of great distress. I spent my time mostly sitting in an armchair by the fire, with my eyes closed. I could not read, and on several occasions my eyes were so painful that if my servant brought me a letter I was obliged to ask her to read it to me. I was forced to keep absolutely quiet, and to give up seeing my patients, as it was out of my power to give them my attention.

My only respite was just after I had had a meal, or in the evening when I took a hot bath.

When I retired to bed about nine o'clock it was not to sleep; I was too uncomfortable, and a racking headache only allowed me to get a few short dozes in the morning, when I felt too much of a wreck to get up at my usual time.

At this period the grinding feeling in my head, as if the bones of the skull were being split asunder, was at its worst. This makes me think that just then I was passing through a sort of crisis in the disease, which had reached a turning-point. Some change must have taken place in the condition of things, as this passed off, and there has never been any repetition.

Might this be accounted for by a growth in the *sella turcica*, supposing there is one, having increased more rapidly just at that time, pressing on all the surrounding soft parts, bones, nerves, etc., and after having reached a certain size, ceasing to grow, but leaving behind the damage done?

It has always seemed to me that the symptoms from which I have suffered have been of a different character before and after that period, but it is very difficult to analyze one's feelings accurately.

This miserable condition passed off. I took no drugs, I did not at the time consult any medical friend. I was then far too much possessed with the

conviction that all my trouble was neuralgia of a gouty or rheumatic origin, that it was aggravated by the solitary life I led and the depressing influence of getting on so slowly in my practice. I felt sure that any medical man that saw me just then would be inclined to pooh-pooh all my troubles, put them down to hypochondriasis, and tell me all I wanted was a holiday.

Looking back now, after some fourteen or fifteen years, I think that it was for the best that I struggled on as I did, in solitude, and without any medical advice. It is quite possible that some of my friends, if they had seen me just then, might have told me that I was suffering from acromegaly, as it was a fact well known to several of them already. If this knowledge had been sprung upon me at that time, when I was so miserable, and if I had been made aware that my troubles were due to an incurable disease, which could only run one course—viz., from bad to worse—I believe that I should have felt that the sooner I put an end to such a wretched existence the better.

CHAPTER XIV

'POST TENEBRAS LUX'

When I Discovered that I had Acromegaly.

THE more I think over it, the more extraordinary it seems to me that I should have been suffering for so many years from acromegaly, and that the disease should have got such a hold on me and made such progress, before I was aware of the fact. The manner in which I suddenly became conscious of it was also strange.

I was walking across the north-east corner of Cavendish Square one afternoon in November, 1905, when all at once the idea seized hold of my mind that perhaps I might be suffering from acromegaly, and that it might be the cause of my head troubles. It came upon me like a bolt from the blue. As far as I could remember afterwards, no particular train of thought led up to it. For the first time I thought there might be some connection between my headaches and the enlargement of my hands and feet. When I got home I at once looked up the subject in Bowlby's 'Pathology,' and what

was a suspicion was at once confirmed. The next day I went to see Dr. Archibald Garrod, and asked him about it. He told me at once that he had known it as a fact for many years, and was surprised that I had only just discovered it for myself. He first became aware of it one day when we came out of St. Bartholomew's Hospital together, and entered the Aerated Bread Company's shop close to the gates. While sitting there having tea I told him of the denture that I had begun to wear in my mouth to make my teeth meet. He already knew about my eye troubles, etc., and he then and there diagnosed what was really the matter with me. This must have been in 1892, thirteen years before. He told me he had always considered it wiser to say nothing about it to me, but still he wondered at my not finding it out sooner.

A few days after (December 1) I saw Dr. Harry Campbell, and it was a revelation to me to hear that he also knew all about it. I very soon found out that several other friends, Lloyd, Ernest Clarke, Ball, Tait, had known it a long time.

I must confess that the first effect of the knowledge that I was suffering from such a malady had a most depressing effect upon me, and for several days I went about feeling profoundly miserable. The first taste of the fruits of knowledge was indeed bitter. I felt that I should soon grow rapidly worse,

and dreaded what might be in store for me. I was also exceedingly annoyed with myself for not having made the discovery sooner, and felt I must be branded as an ignoramus for not knowing more about acromegaly.

It seems strange to me now, but I had never given more than a few cursory thoughts to the disease. I do not think I had ever looked upon acromegaly as an entity or definite malady, but rather as a peculiar or rare group of symptoms or phenomena likely to occur in the course of some diseases. I knew the name, and I knew that it meant big hands and feet. I even had some sort of idea that it was of a similar nature to hydrocephalus—merely a symptom. I had overlooked the subject as one of little interest to me, thinking I was no more likely to meet with a case than with one of yaws or Madura foot.

At first I was rather annoyed that my medical friends should have known what was the matter such a long time before I did, and I confess that, in the bottom of my heart, I felt some resentment at having been kept in the dark for so many years. I felt, somehow, that I had been duped, that things which I ought to have known, and which by right were mine, had been kept from me. I am glad to say that this feeling passed away in a few days, and I realized that my friends had acted for the best.

I understood how much more fortunate I had been by their carrying out the policy of silence than if, many years sooner, they had opened my eyes. Every day since then I have felt more and more grateful to them for their silence, and have been more and more convinced that I got my knowledge quite soon enough.

If my surprise was great when I discovered that, for years past, my medical friends had been aware that I was suffering from a definite disease, my surprise can well be imagined to have been far greater when I realized that some of my near relations had also been in the secret. I found that even the unusual name of 'acromegaly' was not unknown to them; in fact, it was about as familiar to them as the word 'consumption' or 'cancer.'

Here, again, the surprise was mutual. None seemed to believe that I had only just discovered the fact for myself. They assured me that, for a long time past, they had heard me speak of myself in a way which showed that I knew all about the matter.

My brother had known it definitely five years before. In 1900, on his returning from South America after two years' absence, he had been struck with the marked change in my appearance, and also with my incessant complaints of headaches. Feeling sure there was something wrong, he had spoken to Archibald Garrod about me, and learnt

what was the matter, being advised at the same time not to broach the fact to me.

I was much interested in hearing how my brother-in-law had discovered it quite by chance some three or four years back. He was waiting for me one day at my house, when he saw lying on the table, close to the armchair in which I usually sat, a small pamphlet, which he took up to beguile the time. It happened to be a short article on acromegaly, with reports on two cases and several illustrations, published by Dr. Blake, who lived in my neighbourhood, and who had just sent it to me 'with his compliments.' My brother-in-law had not been five minutes turning over the pages before it dawned upon him that acromegaly must be my complaint, and, of course, would explain my changed appearance, etc. He naturally imagined that I had just been studying the pamphlet for myself. By a strange fatality I had not given it more than the most cursory glance, and I remembered afterwards that I threw it into the waste-paper basket.

This is only one incident which shows how near I was to having my eyes opened. I can now remember many others when I must have been just on the verge of finding out the truth.

CHAPTER XV

SOME TROUBLES CONNECTED WITH THE CIRCULATION

Ascent of Cader Idris—Heart failure while under anæsthetic—Sudden loss of power in legs when in the Alps—Trophic sores on toes—Attack of phlebitis—Irregular heart's action—Gravel—Absence of glycosuria.

Heart Trouble.

The first time that I was ever seriously troubled with shortness of breath, and when my heart seemed to show signs that there was something wrong with it, was the summer of 1892, when I made the ascent of Cader Idris. I had gone for a fortnight's holiday with my old friend Dr. E. S. Tait and his brother to Aberdovey, and had been for several long walks and excursions in the Welsh hills without experiencing any unusual fatigue. On the last day I was to be with my friends we arranged to finish up with Cader Idris, the second highest mountain in Wales (2,929 feet high). We started from Aberdovey soon after eight o'clock, and went by train to Coris, and then drove to the Lake of Talyllyn, which lies at the foot of the mountain. We began our climb

up the southern slopes at eleven o'clock. It was a bright sunny day, and my two friends and I felt in the best of spirits and quite light-hearted at the prospect of three hours' pull. Our path was nowhere very steep, and was mostly over grassy moorland. Accustomed as I had been some years before to so much climbing amongst the jagged peaks in the South of France, I thought nothing of the undertaking. But when we were half-way up I began to take a very different view of things. I became short of breath. I wanted to stop every minute, all my strength seemed to fail me. I felt that it would be quite impossible for me to reach the top of the hill, so I begged my friends to push on without me, as I should be all right after a good rest, and could then find my way down alone. This they would not hear of, but insisted upon keeping with me. We had to slacken our pace considerably, and after a deal of encouragement I somehow managed to reach the summit at 2.20.

My friends were quite equal to the emergency, and had they been a couple of experienced Swiss guides I believe they could not have managed better. These guides consider it a point of honour to get their client up to the top of the mountain, and have even been known on occasions, if he is at the end of his physical powers, to hoist him up the last bit on their shoulders.

We had a rest on the summit, where the bracing air and the magnificent view restored my vital powers and energy. We then scrambled down the Fox's path on the north side, which is very steep and rocky, and we had still a long walk before reaching Penmaen's pool, where we took the train back to Aberdovey at 5.30. I managed the descent and walk in the afternoon without any trouble.

I felt an unusual amount of fatigue after this excursion, and it lasted several days. But at the time I was most annoyed by what I thought was a display of weakness before my friends.

Heart Failure while under an Anæsthetic.

Two years later my heart and circulation caused the most serious trouble, and my life was in the greatest danger when I was placed under an anæsthetic during an operation for piles (June 15, 1894).

I had been considerably inconvenienced by piles for almost a year, and after losing blood for several mornings and suffering from prolapse, I sought the advice of my friend L., who found that I had several piles, one of which was ulcerated and bled readily, and who advised me to have them operated on without delay.

The operation was arranged to take place in my own house one afternoon at two o'clock, a time which I hoped would allow me to get out early in

the morning so as to see two patients, and then have between two and three hours for rest when I returned home. Unfortunately I received a message the first thing in the morning to say that L. would have to operate two hours earlier, and altering the time to twelve o'clock. This upset my plans, and I made the mistake of dressing hurriedly and going out to see my patients after taking little or no breakfast. This was enough to make me feel rather weak, as it followed the effects of a colocynth pill and an enema. When I returned to my bedroom I was still rather agitated, and there was only half an hour for me to rest and compose myself.

Punctually at the hour I got on to the table, my friend D. started giving me gas and ether, and I went off comfortably into a state of unconsciousness, and knew nothing of the events which happened during the next hour.

I learnt subsequently that I had narrowly escaped with my life, and had caused my two friends the most serious alarm. The operation was hardly begun when my breathing showed signs of failing. Then my tongue protruded and became intensely congested. It was only got back into my mouth with difficulty. I broke out in a perspiration, which was so profuse in my arms that for several minutes it actually ran in streams from my finger-tips on to the floor. My breathing came to a standstill, so

that the operation had to be hurriedly brought to an end, and all means taken to restore me.

Several causes must have contributed to bring about what was nearly a disaster :

1. My mistake in going out in the morning with an empty stomach and after a purge, instead of stopping quietly in bed until the time of the operation.

2. The impediment caused to my breathing when I was placed in the lithotomy position at a time when my ribs were already enlarged and my chest walls less elastic, producing less power of expansion. Possibly my heart was beginning to be hypertrophied and irregular, although not yet observed.

3. My enlarged tongue, which must have been pressed back into the pharynx as soon as the face-piece of the inhaler was applied and my mouth closed, causing considerable blockage of the air passage.

4. Possibly the hypertrophied turbinate bones and the unhealthy condition of the mucous membrane at a time when I was very much troubled with nasal catarrh would have caused some of the obstruction.

Sudden Onset of Failure of Muscular Power in Lower Extremities when in the Alps.

I have already mentioned how my brother F. had become aware that I was suffering from acromegaly five years before I gained the knowledge for myself. This was during the summer of 1900, just when some of the most marked alterations were taking place in my physique, and when he returned from his post in Brazil for a three months' holiday in Europe. He spent most of the time with me, and I often wondered what had caused a change which I observed in his manner towards me. He frequently referred to my headaches and general health. He kept urging me to consult a physician, to obtain some definite advice, and to try to get into better health by putting myself under some particular treatment. I pooh-poohed the notion, and maintained that there was nothing really wrong with me, that I was merely 'a bit gouty,' and that no drugs or treatment would be of use. However, he persuaded me to start off with him for a trip to Switzerland in June, and I felt sure that I should be benefited by a good holiday spent in the mountains.

When we reached Switzerland I wondered still more what was up, and what could make him adopt such a new tone towards me. He said so emphati-

cally that I must not over-exert myself, but must do what I liked independently of him, and that when he wanted to go for any long excursion or mountain climb, I must not think of doing anything of the kind, but must amuse myself, according to my strength and capability, in my own way. We had in former years gone up so many mountains together, and tramped along so many hundreds of miles on an equal footing, that this advice coming now from him seemed strange.

'*June* 16.—Off to Switzerland. Crossed by 'night.'

'*June* 18.—At Berne. Very sleepy in the 'afternoon.

'*June* 19.—At Interlaken. Went up to 'Abendberg in the afternoon. Realized that 'my legs were not what they used to be.'

'*June* 23.—At Grindelwald. Had a fright 'about myself, and began to think there must 'be something wrong with the machinery.'

On June 23, I started in the morning with F. from Grindelwald for the Bäregg, a spot about two and a half hours' walk up the mountains, where there was a little inn overlooking a glacier. It was glorious weather, and we enjoyed our climb. In the afternoon F. wished to push farther up the valley and get on to the glacier, so we arranged to meet later at the inn. In the meantime I strolled about, and

when I returned I felt so cold and found the wind blowing down off the glacier so keen, that I was obliged to seek shelter in the small chalet. The place was like an ice-house, and I felt the cold all the more following the hot walk I had had in the sun during the morning. When my brother turned up we decided to have some supper on the spot, so as to remain as long as possible in the upper regions, and enjoy the after-glow which succeeded the sunset, one of the great delights in the upper Alps, and descend to Grindelwald after dark.

We had a meal of ham, eggs, and coffee, and at eight o'clock we started down the small footpath. We had not been going for five minutes when my walking capacities began to fail. Soon I lost the feeling in my legs, and could not tell where I put my feet. My sense of equilibrium vanished. I just managed to stagger along, and when I reached a spot where the path was much steeper and bordering on the precipice near the glacier, I felt so powerless that I was obliged to crouch down, and for some twenty yards I scrambled over the stones with the aid of my hands. My brother was much alarmed, and had some difficulty in helping me at the worst bits. Lower down, when we came to some trees, we found the path wider and smoother. Here I was able to resume the erect position, and walk down several long zigzags with my legs still

numb. It was only after half an hour, when I was thoroughly warm with my exertions, that the full power returned to my lower extremities, and enabled me to walk the rest of the way to Grindelwald with my usual gait.

Three days later I went this same walk by myself. My brother had ascended the Jungfrau, and intended to pass by the Bäregg on his way down, so I arranged to meet him there. When I reached the place in the afternoon, I found that all the mountains above were enveloped in a thick fog, which detained my brother the whole night. At about sunset I started down the path alone, and this time reached the Grindelwald without any mishap.

I was quite unable at the time to account for this unpleasant occurrence. I did not know whether to put the fault down to my circulation, or to the nerves of my lower extremities. Some five or six years afterwards the condition of 'weak legs' and want of equilibrium became, and has remained, quite a common thing with me. This single instance was a remarkable forerunner of what was in store for me in the future. It was then all the more alarming from the suddenness of its manifestation and the awkwardness of the situation.

Trophic Sores under the Toes.

During the winter of 1907-1908 my big toes became sore for the first time. From November to April the pads under them were never free from ulceration, and at the end of February small sores were to be seen on all my toes with the exception of three. All these sores went through a similar course, lasting about a month. I noticed that they appeared generally after my feet had been subjected to some extra chill while they happened already to be cold and in a state of local syncope or asphyxia, a common occurrence with them of late years. Perhaps I had been standing in the snow or had walked a few hundred yards in the rain. Two days afterwards my feet would feel very stiff, tender, and burning, when several pink patches, a $\frac{1}{4}$ inch in diameter, would appear on the toes, reminding me of Erythema nodosum. After three or four days their colour would change, and blood could be seen effused under the epidermis. Sometimes these patches would coalesce, and form a sore the size of a shilling piece. The skin broke down after a week, and the excoriated surface remained very sensitive, and healed very slowly.

Fresh pink spots appeared at intervals during the winter, and some of them joined a neighbouring one of earlier date, but during the same winter I never

noticed a new one to come on the site of an old one. It seemed as if the recent scars, although very tender, possessed some immunity for that season.

After I had been free from these sores all the summer, they reappeared under the big toes as early as September 2. Two evenings before I had sat some time in a garden at Twickenham near the river. It was such warm weather that I did not notice at sunset how very damp the grass under foot had become, and it was only when I rose to take my departure that I became aware that my feet were quite numb, and that my legs were weak and shaky.

For two winters running these sores on the toes have been much less severe, and I attribute this to the daily use during the cold weather of a footbath, with a simple Faradic coil, which was recommended to me by Dr. Lewis Jones. There have been fewer pink patches, and they have mostly healed up without any ulceration in about ten days.

I have become much more cautious in preventing my feet from getting an extra chill when I know they are in a state of syncope, wearing very easy boots, with 'domed' toe-caps, changing my socks as soon as possible if they are moist from perspiration, and wearing flannel bandages or putties up to my knees.

Thrombosis of Femoral Vein.

A more serious trouble in my lower extremities took place in the autumn of 1908, when I was confined to my room for five weeks by an attack of thrombosis of the right femoral vein. I had little or no fever, and although there was great swelling of the whole limb, I was remarkably free from pain. Three months afterwards some difference could still be noticed in the size of the two limbs, but for seven or eight years past I had observed some puffiness of the ankles, so it was impossible to say if any permanent blocking of a vein had followed the recent attack. Whether this resulted or not, my recovery was very quick and complete, and I cannot be too grateful to Dr. Garrod and Dr. Bevan for their kindness and attention while I was laid up.

Irregular Heart's Action.

Although during the past twenty years several events have shown that my heart must have been affected, it was only in August, 1907, that I became aware of its excessive irregularity. I had sometimes noticed that my pulse would drop a beat, but I never thought it could be due to anything more than some slight indigestion.

But one night, after getting to bed, I was so very uncomfortable, suffering from headache and also

from shortness of breath, that it was about three hours before I got off to sleep. I had a good deal of throbbing in my head, and I was much struck by its irregularity. I was alarmed by this dyspnœa happening in the middle of the night, when my windows were wide open. In the morning I felt so done up after my night's experience that I lost no time in getting Dr. Garrod to examine my heart, and this was the first occasion when an observation was made of its marked irregularity.

Absence of Glycosuria.

On some ten or twelve occasions when my urine has been tested during the last five or six years, no trace of sugar has been detected in it.

There has been a trace of blood in it several times when I have had attacks of gravel. During the last two years these have come on about every six weeks, and I have passed several calculi 2 millimetres in diameter at different times. They have caused me very little pain, and only twice have kept me indoors for a day.

CHAPTER XVI

MEDICAL VISIT TO THE PYRENEES

MAY 14 TO 21, 1905

THIS was a great undertaking for me and a great strain upon my energies, but I got much pleasure out of it, and had the satisfaction afterwards of feeling that my efforts contributed to make the whole affair go off well.

After the memorable visit of British medical men to Paris there were two big excursions arranged—one to go to Vichy and Evian, the other to go to Biarritz, Pau, Cauterets, Lourdes, and Salies. I was especially interested in the latter, knowing some of the French doctors who had organized it, and having enlisted a few adherents amongst my friends.

At the last moment when we started from Paris, none of the secretaries or members of the organizing committee being free to come and take the lead, I was requested to take charge of the party. In fact, it happened that I was the only one who could

speak French fluently, so the secretaryship was forced upon me, and I suddenly found myself the personal conductor of a party of forty tourists.

We spent four days rushing about, and being entertained in the most royal fashion at these southern health resorts, and I found it hard work to keep up with my companions, and enjoy everything there was to enjoy.

Luckily my friend Lloyd proved his devotion to me on this occasion, and helped considerably to make matters go smoothly in my rash undertaking. He was utterly astonished at my embarking on such a big job, where I was sure to have so much fatigue, so he made a point of coming on from Paris with our party, fully convinced that I would break down on the trip, and that he would have to look after me.

I was already rather done up by the three previous days of festivity spent in Paris, so I must have been in an extra sleepy condition. Many times on the journey I tried to get a little more sleep, but it was difficult. There was not a minute's peace. The interruptions from one's fellow-travellers were incessant, one wanting to know at what time the train arrived at such and such a place, another asking who was to make a speech at the next railway-station or banquet, and if it was his turn to speak, what must he say? There were constant details to

be seen to, newspaper reporters to interview. One member would come and ask if it would be possible to get his wife a cup of tea at the next junction. Then another wanted a telegram written in French about his hat, which he had lost on the way down from Paris.

On this journey, in spite of there being much to account for it, I was often impressed with the abnormal amount of sleep which I seemed to require. I also became conscious of the fact that it was a subject of comment amongst my companions. Several remarks they made during the time almost opened my eyes, which, joking apart, were rather too prone to be frequently shut. I seemed to be looked upon like the fat boy in Pickwick, about whom the remark was continually being made, 'That boy is asleep again!'

The last day of our trip, after rising rather late, I joined a party of them who had stopped on at Salies, the majority having taken the night train back to Paris, and I found they had just returned from a pleasant excursion in the neighbourhood of Salies, escorted by my friend, Dr. Matton, under whose hospitable roof I had been spending such a comfortable night. They informed me, when I appeared, that they had one and all made anxious inquiries from Dr. Matton as to what he had done with me, and seemed much amused when his in-

variable answer had been, ' Il dort.' I fully appreciated their good nature and friendly feeling towards me, but I confess that I did not just then quite understand the humour in which this chaffing went on. But this became quite clear to me when the scales fell from my eyes four months later.

It was my lot to have to make a speech on some nine or ten different occasions during this trip—rather a novel experience for me. I am not sure that having to speak in a foreign tongue, which of course was not so familiar to me as my own, did not in a way help me to overcome the shyness and difficulty I have generally felt when called upon to make a speech.

My sleepiness, anyhow, did not handicap me in this matter. I am not conscious of being guilty of any such blunder as was made by one of our party who, on arriving at Salies, and suddenly waking up after a nap following a good lunch, was asked to speak, as we thought it was his turn. We had all of us alighted from the train, and were welcomed on the station platform by the Mayor, the directors of the bathing establishment, and the doctors of the town. The Mayor made a most eloquent speech to welcome us, and our friend in reply rattled off a typical after-dinner speech, which he had up his sleeve, or which he had been preparing, thanking

the Frenchmen for the hospitality they had lavished upon us, and for their kindness in drinking our healths. Luckily his speech was in English, so the humour of the situation was only appreciated by our own party.

CHAPTER XVII

DISCUSSION ON THE CAUSATION OF SYMPTOMS

How much are headaches, lethargy, etc., due to toxins, variations in pituitary secretion, variations in heart pressure, pressure of growth at base of brain?—Expectant treatment for growth of bones and organs — Variations in character of symptoms during early and later stages—Hyperpituitarism or hypopituitarism?

Each day I understand more clearly what a large amount of my discomfort and trouble has depended upon local causes, and the changes which have taken place in and about the base of my skull. I see now the importance of attending to these local or physical causes when trying to obtain any relief and to make life more comfortable.

Some of the changes are quite obvious; for instance, the thickened bones, the hypertrophied skin and mucous membranes, the large tongue, the enormous frontal protuberances. Perhaps the inner surface of my cranium has become rough and irregular, with bony stalactites projecting into its cavity, a condition which I have seen in several acromegalic skulls, and which is comparable to

the roughness and nodules which can be detected through the skin on my sternum and clavicles. One can imagine what a source of irritation this would be to the meninges during any movements or shaking of the head.

Some of the queer feverish attacks which I have had during the last thirty years may have been due to the irritation set up by these various changes, when the progress of the disease has been more rapid, for it has varied considerably at different times.

The vitality of all the tissues involved has been lowered, and after having been for so many years in an unhealthy condition, they have lost much of the natural provision for withstanding disturbing influences—for instance, the reaction to cold. Their normal capacity for work is diminished, as seen especially in the weakness of the eyes, for a long time the principal sufferers.

All these injured and scarred tissues must continue to be a source of discomfort, just as a carious tooth, while it remains in the head, may be a cause of neuralgia.

The forehead and face are not so well protected as in health. The thickened integuments, with their deep furrows over the brows, seem abnormally susceptible to influences of temperature. Perhaps they have an inadequate blood- and nerve-supply. Besides, this thickening must be partly due to the

infiltration of the skin with some substance, not defined, but very different from the ordinary adipose tissue, one of the worst conductors of heat, and therefore an admirable covering for the body.

The dilated frontal sinuses shown in the skiagram cause the prominent brows, which can get little protection from any headgear worn. These and the other sinuses connected with the nose would have extra large mucous surfaces, poorly supplied with vessels and nerves, and susceptible to the infection of various organisms.

The fact that the discomfort is so invariably worse on the left side of my head and face points very much to trouble depending upon local causes. This would be the case if the parts on that side have received the larger share of damage from any growth or inflammation.

A purely local trouble to be considered is the enlarged tongue, which prevents the mouth from closing properly during sleep, or when the head is low. This causes snoring, so that the mouth and pharynx get dry. The dry tip of the tongue rubs against the teeth, and often becomes sore. The uvula also grows long and flabby. No doubt it is irritated by having to vibrate like the reed of an organ-pipe during the hours of sleep, which are extra long in the case of the acromegalic.

Other points to be mentioned, which suggest local

or physical causes for head trouble, are—its aggravation after a long shaking up in a carriage; the sharp headache often produced if the head is suddenly turned over while at rest on a pillow, and lasting about a quarter of an hour; the pain in the left cheek caused by a fit of sneezing; the giddiness caused by suddenly turning round, stooping down, sometimes by going up or down stairs (most noticeable at a 'tube' station); the puffy eyelids in the morning.

It is more difficult to account for the other group of symptoms, which includes the various headaches, the acromegalic state, the feeling of fatigue, and the sleepiness. The question is, whether they are brought about by the circulation of some toxic agent in the blood, by variations in the blood-pressure at different hours of the day, or by the presence of any tumour at the base of the brain. Such a tumour may press on the pituitary body, and the quantity of its secretion may vary with the amount of pressure. The œdema which probably surrounds it would interfere with the circulation at the back of the orbits, and cause the puffy eyelids always present in the morning.

This œdema of the eyelids disappears in the afternoon, and is not seen after a long sleep in an armchair, when, owing to the head being upright, the engorgement of the meninges must be less. A fact

also to be noted is that a sleep in an armchair is not followed by a lethargic period like a sleep in the horizontal position ; on the contrary, it is after such a sleep that the brain seems clearest.

Any variation in the amount of pressure due to the thickening or congestion at the base of the brain will be felt in the pituitary body, and any variation in the quantity or quality of the secretion of that body, if it alters the blood-pressure, will, of course, exert its influence on all the parts at the base of the brain. Here are two questions intimately mixed up, forming a sort of vicious circle.

One must not overlook, in discussing the cause of discomfort, the part played by the hypertrophied heart, which has to labour in a thorax with walls thickened and stiffened by the disease.

The remarkable hypertrophy of many of the bones and viscera is explained by their being sensitized by some substance in the secretion of the pituitary gland, and perhaps by a disturbance of the inter-glandular equilibrium.

The patient must watch this steady growth as the rustic watches the flow of the river. Our present knowledge will not enable him to check it. He must be content with *expectant* treatment, which Sir Victor Horsley says, 'by a singular cynicism the unfortunate sufferer from intracranial tumour is commonly said to *receive*.'

Looking back over a vista of thirty years, I am certain that a very important factor to be considered in my case is the difference in character which has marked the earlier and the later symptoms. I have already described how, for a period of some fifteen years, most of the troubles in my head were of the neuralgic type, and accompanied by great restlessness and desire for active movement, whereas, during the latter period of about fifteen years, the lethargic or fatigue type has been so much more pronounced.

One would like to know whether one period may not have been influenced by an abnormal excess of the pituitary secretion, and the other period by a diminution or want of the secretion ; in fact, whether at one time I have suffered from hyperpituitarism, and at another time from hypopituitarism, or even dyspituitarism. Both the conditions have been accused of causing acromegaly, and if the malady has gone through two different phases, why should not each phase in turn have been controlled by one or other of the two conditions ? The question is—What was their order ?

It has been pointed out to me that if this had been the case, there should have been a period in the middle of the course of the disease—the half-time in a football match—when one phase was changing into the other, and when the amount of pituitary secretion must have been normal. Theo-

retically I should have been in perfect health just then. It happens, however, that when the change most likely took place was, I believe, just the time when I was so very ill, when all my head symptoms were at their worst, and the disease reached the climax which I have described as 'my black week.'

One would wish for observations of my blood-pressure during these two long periods for comparison. An explanation might be forthcoming if the pressure was high in the first period and low in the second, as it might indicate excess or diminution of the pituitary secretion. The pity is such observations are not to be had. My symptoms began some thirty years ago, when 'the cardio-vascular wave, on the top of which, according to Professor Osler, the profession is now riding' ('Lumleian Lectures,' March 5, 1910), was a mere ripple on the ocean of hypotheses.

Supposing that at one time there had been over-secretion, and at another time under-secretion of the pituitary gland, it would still be a puzzle to know how the disease will be influenced if the patient absorbs tabloids of pituitary extract. One can readily conceive a time when to do so can only make matters worse—fuel would be piled on the fire. I am sure that this would be the case during the later periods of my own malady, when it seems to me that hyperpituitarism is having its day. Other

glands in my body have become enlarged and are over-secreting. This is obvious in the salivary, sebaceous, sudorific, and lacrimal glands. My right kidney can easily be felt to be enlarged. The skiagram of my skull shows a pituitary fossa double the normal size. It most likely contains an abnormally large pituitary gland with an increased secretion.

It is easy to understand my reluctance to dosing myself indiscriminately with pituitary extract if, by so doing, I may shortly find a place in the ranks of the martyrs to science.

Having been blest with a sound constitution, I seem to possess a fair amount of adaptability to altered conditions, besides a capability of repair, as proved by the subsidence of much of my nasal troubles, and the remarkable disappearance of the astigmatism in my right eye.

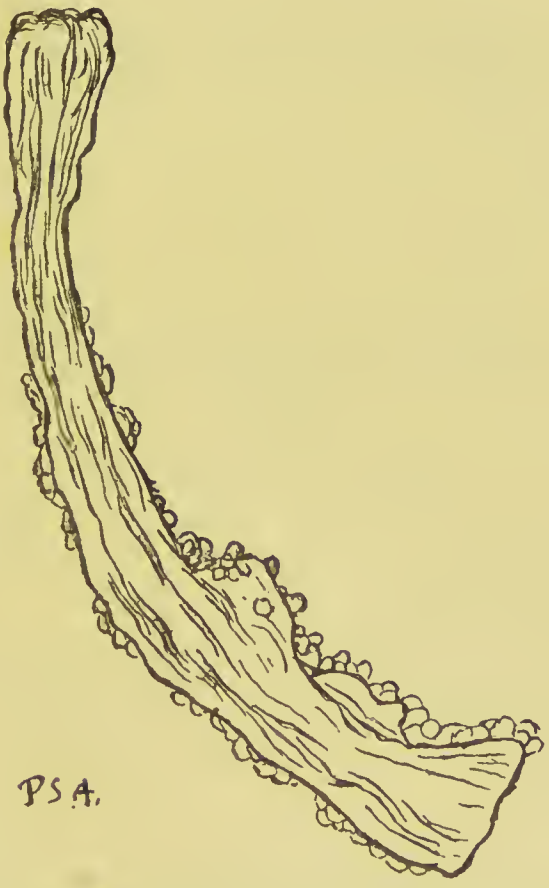
Thanks to the continued kindness, skill, and attention of my medical friends, as well as to my own increased carefulness, I realize that my discomforts have undergone decided amelioration since my disease has been recognized. There is still much in life that I am able to enjoy, even if to slight 'unsoundness of eyes' I am gradually adding 'weakness of wind and limb.'

NOTE ON THE HAIRS.

By Dr. P. S. Abraham.

The following points are especially noteworthy in this case on examining the scalp with a lens:

1. The varying size and diameter of the hairs generally: some are exceptionally thick and coarse, and others very fine.



SKETCH OF A HYPERTROPHIED AND IRREGULAR HAIR WITH ATROPHIED ROOT, EXTRACTED FROM THE CHIN (UNDER A LOW POWER).

2. In many instances several hairs are seen springing from the one follicle.

3. Some of the larger hairs are not smooth, but inclined to be irregular in outline, with protuberances along the shaft, and some are twisted, from an irregular flattening of the latter.

4. The hair-root in many of them is atrophic and irregular in form.

5. The irregular pigmentation; some are quite devoid of pigment, some with the pigment irregularly distributed, and others with normal pigmentation.

The above points indicate that the general nutrition of the skin is influenced on the scalp as well as on other parts of the body.

October, 1911.

NOTE ON THE CONDITION OF THE FEET.

By Dr. Lewis Jones.

October 15, 1909.

Toes and feet livid and cold.

Knee-jerks normal.

Electrical reactions in the muscles of the legs and in the intrinsic muscles of both feet are normal.

The perception of heat and cold is poor over both feet, but is not lost.

Treatment Advised.—The use of an electric foot-bath daily during the cold weather, the bath consisting of a tub of warm water with an electrode of copper-plate at each end, and the battery of a simple medical induction-coil of smooth action, regulated to be as strong as could be borne with comfort.

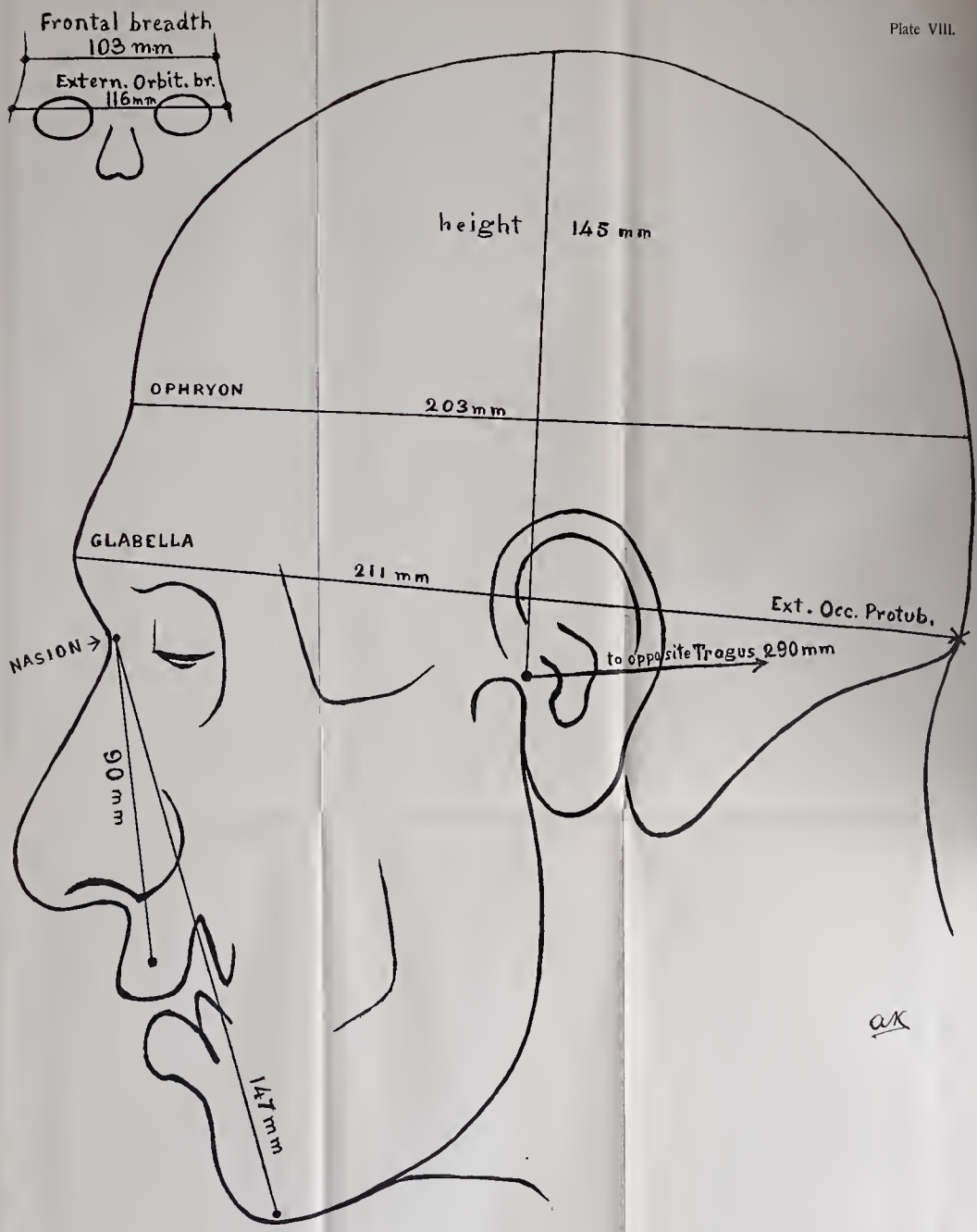


DIAGRAM OF THE SKULL, FROM MEASUREMENTS TAKEN BY PROFESSOR A. KEITH (AUGUST, 1910).

To face page 151.

LETTER CONTAINING MEASUREMENTS OF THE SKULL.

From Professor A. Keith.

The Royal College of Surgeons,
Lincoln's Inn Fields.

Dear Dr. Mark,

Several things have prevented me from sending you a tracing of the rough measurements I took of your head in October, 1910. The length from the glabella to the external occipital protuberance is 211 millimetres; taking 10, or say 11, off for the flesh, that leaves 200 millimetres for skull—about 25 millimetres in excess of what it is in the average head. You know that the most projecting part of the occiput is usually about an inch above the protuberance, but owing to the growth at the base of the skull in you, the external occipital protuberance has become the most prominent.

If the measurement is made of the length an inch higher up, from the ophryon (just above the eyebrow ridges) to the back of the head, the length is 203 millimetres; deduct 10 for tissues, and the length of the skull is 193 millimetres —probably 8 or 10 millimetres more than it was when you were in health. The width of your head just above the ears (maximum width) is 161 millimetres—151 millimetres for skull, probably 1 or 2 millimetres more than it was in health.

The thickness of your supra-orbital ridges from brain to glabella I estimate at 24 to 26 millimetres — about 12 millimetres more than normal.

The height of the head above the ear-holes I think is about 145 millimetres, probably not much more than when you were in health.

The width of the forehead, 103 millimetres = normal.

Total length of the face from nasion to chin, 147 millimetres = 25 millimetres more than is usual.

Length of face from nasion to the upper gum = 90 millimetres—about 10 or 12 millimetres above normal.

Greatest width of face (bizygomatic) = 148 to 150 millimetres—probably increase of 10 to 15 millimetres.

Bimastoid width (behind ears 136 millimetres, probably 10 millimetres increase).

Length of nose = 65 millimetres; width, 40 millimetres. Probably increase of 10 millimetres in length and 6 to 8 millimetres in width.

I notice from the imprints of your hand that your papillary ridges are increased in width; in most of us the ridges run 19 to 22 to the centimetre; in you they run 15 to 17 millimetres = skin hypertrophy. I don't think the area of pigmentation has spread on your forehead in twelve months, but perhaps it is a little darker.

Excuse my gross personality; my only excuse is your liberal impersonality.

Yours sincerely,

A. KEITH.

LETTER ON THE SKIAGRAM OF THE SKULL.

FROM DR. A. HOWARD PIRIE,

Late Chief Assistant in the Electrical Department, St. Bartholomew's Hospital.

ROYAL VICTORIA HOSPITAL, MONTREAL,
October 20, 1911.

DEAR DR. MARK,

I received the print from the negative I made of your skull. It shows the enlarged sella turcica. I find on measuring a number of sellæ turcicæ taken in the same



SKIAGRAM OF THE SKULL.

A. Sella turcica.
B. Upper wall of orbit.
C. Frontal sinus.
D. Metal denture reaching up to roof of mouth.

To face page 152.



IMPRINT OF RIGHT HAND.

To face page 153

way as I took your sella turcica that the average measurement of a sella turcica is $\frac{8}{16}$ inch perpendicular measure and $\frac{7}{16}$ inch transverse. This refers to the appearance on a negative, and not the actual measure of the sella turcica in the skull.

The sella turcica in your case measures $\frac{12}{16}$ inch perpendicularly, and $\frac{12}{16}$ inch transversely. I find my head measures $5\frac{1}{2}$ inches transversely in the region of the sella turcica, and if yours measures $6\frac{1}{2}$ inches, then the enlargement in the negative is $\frac{1}{16}$ inch, so that the actual internal diameter of your sella turcica must be $\frac{11}{16}$ inch transversely and $\frac{11}{16}$ inch perpendicularly.

Posteriorly, your sella turcica has an unusually dense thin wall.

I hope a little abnormality in your sella turcica will add zest to life, and that the study of these conditions, as seen from a physician patient, may help to some solution of a most fascinating subject, whose obscurity is its charm.

With kind regards and best wishes,

I am,

Yours sincerely.

A. Howard Pirie.

REPORT ON THE EARS AND HEARING.

By Macleod Yearsley, F.R.C.S.

I made a careful examination of Dr. Leonard Mark's ears and hearing on October 16, 1911, although I had already prescribed for him during an attack of external otitis on September 9, 1910. The following gives the results of both physical and functional examinations :

External Ear.—The *auricles* are normal. They are, indeed, small, a peculiarity which becomes especially marked when compared with the growth of the head. The skin covering them does not partake in the hypertrophic condition elsewhere, but is soft and silky to the touch. Both *external auditory canals* show hyperostosis of the bony portion, this being more marked on the left side. The skin lining of the canals is normal, and I am inclined to the opinion that the attack of external otitis, from which Dr. Mark suffered the year previous, was an accidental occurrence quite independent of the general disease. The cartilaginous portions are encroached upon by the increased size of the mandible, causing a narrowing of the calibre, more marked on the left side, and especially noticeable when the mouth is opened.

Middle Ear.—The tympanic membranes are normal in texture, their light reflexes well-marked, and the mobility of the membranes and ossicles is unaffected. The ossicles do not appear to be increased in size in any way. The mastoid processes are very distinctly enlarged, but this is less conspicuous on account of the size of the angle of the jaw; the left mastoid extends downwards distinctly more (about $\frac{1}{4}$ to $\frac{1}{2}$ inch) than the right.

Internal Ear (*as determined by Functional Tests*).—The acoumeter, voice, and whisper, are heard with ease at a distance of 15 feet with either ear (that distance being the extent to which the length of the consulting-room allows of testing). The C 128 tuning-fork is not lateralized when placed upon the mid-line of the skull (Weber's test). Rinne's test with the same fork gives a positive reaction. Bone conduction is normal on the left side, very slightly increased (+ 3 seconds) on the right. There is no diminution of acuity in the lower scale, but the Edelmann-Galton

whistle shows that the highest tones heard are 25,000 double vibrations on the right, and 26,000 on the left.

The description given by Dr. Mark of his tinnitus is interesting. The first and second forms are probably circulatory, and due to the increased density of the cranial bones. They are probably venous in origin, and it is remarkable that no complaint is made of pulsating noises. There are no traces of middle-ear catarrh.

Revery

After contemplating a Stone Figure of the Thirteenth Century carved on Reims Cathedral

AMONG the three thousand figures which adorn that noble edifice Reims Cathedral, several have been picked out by writers, and have been described as presenting some of the physical characteristics of Acromegaly. It is supposed that the sculptors came across sufferers from this disease and used them as models on account of their striking appearance. The woman shown in the photograph, with her large hands, her prominent nose and chin, and her broad shoulders, is quite typical of the victims of this complaint. But she appeals to me for a further reason. Her attitude suggests that she is suffering from violent pains in the head.

Often in my periods of lethargy this statue rises before my eyes—this strange figure which has weathered the storms of seven centuries, and has been a passive, immobile witness of so many great pageants and of such famous scenes in history. As the old woman appears before me, I wonder whether or not the shouts of the multitudes when each successive King of France was crowned in the cathedral made her throw off her own lethargy. Must she not have been stirred when Joan of Arc, after a series of victories, at last led Charles VII. to the altar-steps and saw the crown placed upon his brow? Who knows?



A THIRTEENTH CENTURY FIGURE ON REIMS CATHEDRAL.

To face page 156.

The turmoil and the din may have done nothing but aggravate that headache. Perchance she was thankful when the sixty-two years of Louis XIV.'s reign allowed the old city to rest for that long period in its usual state of dreamy quietude, undisturbed by another coronation.

Even the big foot of this statue with the tip broken off has significance for me. It reminds me of an acromegalic that I saw in the Kensington Infirmary, where he had been an inmate for fifteen years. He, too, had lost portions of his feet, the cause being frost-bite during a severe winter. Can it be that it was the winter's frost that mutilated this statue? or was it the handiwork of an iconoclast during the French Revolution?

From this statue my thoughts quickly fly to a period 500,000 to 1,500,000 years ago—the Glacial Period, when the Neanderthal man lived in Europe. As has been pointed out by Professor Keith, the characteristics of acromegaly are found in his remains. Is the sufferer of to-day a reversion to this former type of humanity? One wonders what the mode of life of this man can have been in the Early Palæolithic Period. Did he also suffer from headaches? If so, he has my sympathy. I can imagine his and his comrades' joy in their flint implements wherewith to split open each other's skulls. No doubt they thought thereby to liberate the evil spirits that caused these headaches.

Perhaps this was Nature's way of obliterating a race which had become unfit in the struggle for existence. But why was it not obliterated entirely? What can be the use of the few poor acromegalics still left on the face of the globe?

This instinct to knock somebody on the head has been passed down to the present day, and can be seen cropping up in the Punch and Judy show. Punch is well recognized

as presenting the acromegalic traits. Is not the way in which he belabours the sconce of poor Judy a symptom of his trouble? Whenever I come across the show in the streets I feel impelled to stop and become a spectator. I am drawn towards it by some instinct or magnetism which I cannot explain. Only the other day, while pondering over the changes taking place in my own lower extremities, and the lifeless condition which they are gradually assuming, I was struck by their similarity to those of the marionette which we see dangling in the show.

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THE END

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